100385

Class_____ No._____

Exchange

Bdg.2.95

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

Digitized by the Internet Archive
in 2016

https://archive.org/details/westvirginiamedi5219west

CKS

ANNUAL ROSTER

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 1

JAN., 1956

Single Copy, 50c
Per Year, $3.50

CONTENTS

Present Day Problems Concerned With Antibiotic Therapy
By Chester Scott Keefer, M. D.

Effect of Chlorpromazine On Addiction
By Johnson Chu, M. D.

Management of Hemorrhage From the Renal Vessels
By John J. Murphy, M. D.

COMPLETE CONTENTS ON PAGE XLVIII

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

COLLEGE OF PHYSICIANS
LIBRARY
JAN 9 1956
OF PHILADELPHIA

Strep sore throat responds readily to

ILOTYCIN

(Erythromycin, Lilly)

Temperature normal, throat culture negative, usually within twenty-four hours. Notably safe and well tolerated.

dosage: 1 to 1.5 Gm. daily in divided doses.

Lilly

532178

new vistas for the . . . . . .

Effective control of seizures, social acceptance, and recognition of employment potential are providing new vistas for the majority of epileptic patients. Accurate diagnosis and adequate therapy, as in present-day management, can be expected more confidently than ever before to restore such patients to as full a life as is compatible with their condition.

DILANTIN® SODIUM

(diphenylhydantoin sodium, Parke-Davis)

Alone or in combination, DILANTIN continues as an anticonvulsant of choice for control of grand mal and of psychomotor seizures. In addition to its notable effectiveness, DILANTIN has little or no hypnotic effect.

DILANTIN Sodium is supplied in a variety of forms—including Kapseals® of 0.03 Gm. (½ gr.) and 0.1 Gm. (1½ gr.) in bottles of 100 and 1,000.

THE WEST VIRGINIA MEDICAL JOURNAL

302 ATLAS BUILDING, CHARLESTON, W. VA.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Vol. LII JANUARY, 1956 No. 1

PRESENT DAY PROBLEMS CONCERNED WITH ANTIBIOTIC THERAPY*

By CHESTER SCOTT KEEFER, M. D.,
Boston, Mass.

INTRODUCTION

I thank the members of your program committee for inviting me to speak here today. Your state association is one of the most vigorous and active in the United States and your officers are to be congratulated for the high interest they take in the promotion of medical affairs within your state. Your association has demonstrated that you are interested in promoting medical research, medical education and medical care.

My brief talk today will be divided into three parts, and I shall present the topics in summary form for the purpose of emphasis.

First, I shall discuss the management of bacterial infections that are refractory to the common antibiotics, then I shall pass on to say something about infections that occur during chemotherapy, and finally conclude with a few remarks concerning some of the undesirable side-reactions to antibiotics.

MANAGEMENT OF BACTERIAL INFECTIONS THAT ARE REFRACTORY TO THE COMMON ANTIBIOTICS

It is now widely recognized that the bacterial infections that are refractory to the common antibiotics are those of certain strains of staphylococci, the enterococci, and a number of strains of gram negative organisms such as E. coli, Proteus and Pseudomonas. Stated in another way, the most refractory infections today are: (1) urinary tract infections, (2) contaminated wound infections, (3) mixed bacterial infections of the respiratory tract and (4) superinfections of primary infections. As an example, I shall discuss first urinary tract infections because they are common and represent the most frequent refractory bacterial infections. They are most important because they occur at all ages of life. They are occurring with increasing frequency because of our aging population and their relationship to such diseases as diabetes, pregnancy and obstructive lesions within the urinary tract that prevent the free flow of urine. The most common pathogens of the urinary tract are E. coli and Staphylococcus aureus, Proteus, Pseudomonas, Aerobacter aerogenes, enterococci and Friedlander's bacillus. Not infrequently, more than one species of bacteria are present.

The present status of treatment can be summed up as follows:

(1) It is possible to eliminate drug sensitive organisms from the urinary tract in more than 90 per cent of cases; however, reinfection with drug resistant strains, often the same species, is so common that the permanent control rate probably is no greater than 10 per cent.

(2) Reinfections of the urinary tract often are caused by catheters and similar instruments.

(3) The treatment can be divided into nonspecific and specific measures. Nonspecific measures are an adequate fluid intake and output and the establishment of a free flow of urine. Specific measures are chemotherapeutic agents.

What can be done in the treatment of potentially refractory bacterial infections? This requires individual judgment since no two patients

*Presented before the 88th Annual Meeting of the West Virginia State Medical Association, at the Greenbrier, White Sulphur Springs, August 19, 1955.

190385
MAR 1 - 1957

are alike and no two patients present the same problems. Let us take first *B. proteus* infections.

This organism normally inhabits the colon. When it leaves its normal habitat, it may cause urinary tract infections, otitis media, wound infections, meningitis or endocarditis. The strains of B. proteus vary greatly in their sensitivity to antibiotics but some strains are sufficiently sensitive to the existing antibacterial agents that the latter can be used with positive effect. They are the sulfonamides, chloramphenicol, streptomycin, neomycin and furadantin. Before starting on any program, a careful assessment of the individual case is necessary. This organism thrives in an alkaline medium. It splits NH_3 and NH_4Cl_2 should never be used as an acidifying agent.

Ps. aeruginosa and coli aerogenes. These organisms inhabit the colon and cause infections in the same areas as the Proteus. Oxytetracycline, Polymyxin (chloramphenicol, furadantin, streptomycin) may all be useful in individual cases.

Enterococcus. For the treatment of these infections, sensitivity tests are most important in determining the most effective antibiotic. Penicillin and streptomycin combined are the antibiotics of choice.

I now turn attention to antibiotic resistant micrococcic infections.

One of the first major problems encountered in the use of penicillin was the occurrence of infections due to staphylococci that were resistant. With the discovery and application of other antibiotics, the increasing incidence of infections with micrococci that are resistant to many and sometimes all of the agents has called for comment, study and storm warnings.

It is well to review some of the highlights of this subject since it is one of the major problems today.

First of all, the basic problem of penicillin resistant micrococci is concerned with patients who are treated in hospitals. This statement is substantiated by the evidence. Thus, three-fourths of all strains of micrococci that are isolated from patients in hospitals are resistant to penicillin. They are found in patients under treatment with penicillin as well as in those who are not. The evidence is sound that patients acquire these resistant strains after they enter hospitals for treatment. They acquire them from cross infections from other patients or from hospital staff members.

Among ambulatory patients or persons treated in their homes, the incidence of penicillin resistant strains is much less than in a hospitalized population.

Moreover, there is good evidence that the basic incidence of penicillin resistant micrococci is related to the overall frequency with which penicillin is used in a community.

The accumulated evidence, then, points to the following factors in the incidence and spread of penicillin resistant staphylococci:

(1) The extent to which penicillin is used in a hospital or in a home or in a community.

(2) The close contact of individuals carrying penicillin resistant staphylococci in a hospital, in a home and in a community.

In brief, the widespread use of penicillin tends to decrease the total number of penicillin sensitive organisms which are then replaced by penicillin resistant organisms. Then, as these organisms become established, they tend to spread from one person to another. The conditions favoring spread are best in hospitals, then in homes where one or more persons are being treated, and least favorable in persons who are members of a group or a community where penicillin is being used least.

What I have said about penicillin resistant staphylococci applies also to all other antibiotics including erythromycin, streptomycin and the broad spectrum antibiotics.

Inasmuch as the problem primarily is one related to hospital practice, what recommendations can one make to assist in its solution?

(1) Intensive short term treatment with the antibiotic or combinations of chemotherapeutic agents most suited to the infections and used only in patients with acute infections.

(2) Avoidance of cross infections by isolation procedures.

(3) The use of bacitracin or neomycin by topical application in wounds or for oral use in micrococcic diarrheas.

(4) Treatment of more patients in their homes.

(5) Changing or alternating in use of antibiotics among those that are effective.

(6) Avoiding the use of erythromycin or streptomycin alone because of the rapidity with which each causes increased resistance.

(7) Organisms that are penicillin sensitive are highly susceptible to treatment with penicillin and this still is the drug of choice for such infections.

(8) Other antibiotics such as the tetracycline groups, chloramphenicol, erythromycin and streptomycin also are highly effective but, again,

neither erythromycin nor streptomycin should be given alone.

(9) Organisms isolated in hospitals should be tested for sensitivity.

(10) Organisms isolated in ambulatory patients may be presumed to be sensitive. Cultures need be tested only when the patient fails to respond to adequate doses of the particular antibiotic being used.

Now permit me to direct attention to my second topic.

INFECTIONS OCCURRING DURING CHEMOTHERAPY

One of the by-products of chemotherapy is superimposition of an infection on the one for which treatment was initially instituted. This is a problem that has been studied intensively in our own clinic and Dr. Weinstein, Chief of our Infectious Disease Unit, has made extensive studies and reports on this aspect of antibiotic therapy.

Briefly, it can be said that when any patient receives antibiotics, there is a profound and striking change in the bacterial flora of the respiratory and gastrointestinal tracts. In most instances, this change is of no clinical significance. The shift in the bacterial population usually follows the pattern of the great decrease or elimination of organisms susceptible to the antibiotics that are being exhibited and an increase in bacteria that are resistant to the action of the antibiotics.

In the cases in which the change in bacterial population is associated with invasion of the tissues and the production of a new infection, we have called it a superinfection; it might well be called a secondary or superimposed infection.

In our own experience, such complications have occurred in 2 per cent of 3100 patients receiving antibiotics. Here are some of the features of these superinfections.

(1) The organs involved in superinfections usually are those affected in the primary disease, and the organisms responsible for the superinfection often are difficult to treat with presently available antibiotics.

(2) The following factors predispose to superinfection:

(a) Age of three years or less.

(b) Primary disease of lower respiratory tract.

(c) Infection of middle ear.

(d) The use of broad spectrum antibiotics or combinations of antibiotics.

(3) They tend to occur most frequently on the fourth or fifth day after initiation of chemotherapy.

(4) The superinfection may be more serious and more prolonged than the initial infection, occasionally fatal.

(5) The prompt recognition of superinfections is important and this can be done only with bacteriologic studies and by following the course of the disease.

(6) It is important to avoid the use of antibiotics for the treatment of diseases that are not influenced by antibiotic therapy.

(7) When superinfections occur, the organisms responsible should be identified and an attempt made to select an agent that is potent against such infections. It is often important to discontinue the agent that is being used for the primary infection and make a selection of a new agent by means of sensitivity studies.

SIDE-REACTIONS TO ANTIBIOTICS

There is mounting evidence that the number of complications or side-effects following the use of antibiotics is increasing. This is due in the main to the widespread use of these extremely valuable agents for the prevention and treatment of infections. Every physician is familiar with these reactions since he has observed them in his own practice. Their manifestations are numerous and include hypersensitive reactions with anaphylactic shock, skin eruptions and fever, and serum sickness-like illness; injury to the blood forming organs; neurologic disturbances such as deafness or vertigo, peripheral neuritis; gastrointestinal disturbances including nausea, vomiting, diarrhea and pruritis ani; renal damage and superinfections.

I do not propose to discuss in detail these reactions but to outline briefly some of the highlights.

(1) Anaphylactic shock after medication with antibiotics has been observed most often from procaine penicillin and from penethamate (Neopenil), rarely from streptomycin or chlortetracycline. The reactions very often are severe and approximately 50 per cent of cases terminate fatally. Fortunately, the total number of reported cases is less than 100 and the total number of fatalities 50.

(2) The commonest hypersensitive reactions are skin eruptions or serum sickness type reactions. These are handled most effectively with cortisone and hydrocortisone.

(a) Reactions occur most frequently in patients who have had several courses of penicillin.

(b) The continuation of penicillin treatment of a patient who has reaction to penicillin with urticaria may or may not be tolerated.

(c) Skin tests are unreliable in predicting the occurrence of reactions.

(d) The incidence of reactions is highest from contact dermatitis, i. e., application of penicillin to inflamed skin or mucous membrane.

(e) It is least frequent following oral administration.

(f) It is twice as common in allergic persons as in nonallergic (asthma, hay fever).

(g) An unusual type of reaction following penicillin is a reaction in the skin at the site of previous trichophytin infections following injection of penicillin.

(h) The duration of hypersensitiveness, once it develops, is unpredictable. Desensitization is unsatisfactory and it may be dangerous.

(i) A safe course to follow is the use of another antibiotic when a hypersensitive patient requires treatment.

(j) Cortisone is the agent of choice in the treatment of hypersensitiveness.

(3) Injury of the blood forming organs can be prevented in the main by avoiding the use of chloramphenicol.

(4) The gastrointestinal disturbances, namely, nausea, vomiting and diarrhea, are common. The two more serious forms of diarrhea are staphylococcic enteritis and pseudomembranous enteritis.

Staphylococcic enteritis complicating antibiotic therapy was first accurately described by Finland. The course of events is as follows: Following the use of antibiotics, usually the broad spectrum antibiotics, diarrhea develops. The movements are frequent and watery in character and bacteriologic cultures show, in many cases, a pure culture of staphylococci. In some instances, these staphylococci are sensitive to neomycin, bacitracin or erythromycin and the diarrhea can be controlled by these antibiotics given orally. In some of these cases, systemic invasion is observed, with a fatal outcome.

The other disorder that has been recognized with increasing frequency is pseudomembranous enterocolitis. This disorder may be observed in patients who have never had antibiotics but greater attention has been directed to this curious disorder within the past few years since the introduction of the broad spectrum antibiotics. The features are as follows. Following a surgical operation, either upon the bowel or elsewhere, signs of progressive circulatory collapse develop, merging into irreversible shock. There is abdominal pain, vomiting, fever, diarrhea and abdominal distension. Peritonitis follows in a number of cases. The treatment is symptomatic although antibiotics may aid in reducing the incidence of peritonitis. The fundamental process would appear to be intravascular clotting and stasis of blood in the capillaries of the intestinal mucosa, with thrombosis of the capillaries. Until we know more about the fundamental process in these cases, they will be difficult to prevent.

In summary, I have discussed briefly three problems concerned with antibiotic therapy, namely, the bacterial infections that are resistant to the common antibiotics, superinfections and side-reactions. These problems call for careful attention to detail in the management of individual patients and an intensified research program to develop means of handling the resistant infection. I want to close on an optimistic note because these problems are only the by-products of one of the greatest advances in medicine, namely, the use of antimicrobial agents in the crusade against infections. Victory over many infections has been won and the war goes on and will continue until every enemy has been defeated.

THE UNCONQUERED STAPHYLOCOCCUS

Twenty years ago there was usually more reason for anxiety about the outcome of a streptococcal than of a staphylococcal infection. Cellulitis, puerperal sepsis, scarlet fever, and septicaemia were much more feared than boils, carbuncles, osteomyelitis, and pyaemia.

The arrival of sulphonamides and antibiotics so dramatically reduced the risk of death from streptococcal infection that we have only gradually come to recognize that our control of staphylococcal infections is still far from satisfactory.

Ubiquitous, persistent, hardy, and adaptable, the staphylococcus shows a dismaying capacity to produce strains resistant to successive antibiotics, and we cannot yet claim any dramatic benefits from the use of autogenous vaccines, toxoids, or antitoxins in the prevention and treatment of staphylococcal infections.

Obviously we shall have to think about, and even systematically plan against, this organism. Perhaps we could do something useful if we had a better definition of our objectives and a clearer scheme of action than has hitherto been apparent from our practice and its results.—The Lancet.

Since the Federal Food, Drug, and Cosmetic Act went into effect in 1938, 10,000 new drug applications have been filled. FDA's Commissioner reports that more than half of the drugs used today were unknown seventeen years ago.—R. N.

EFFECT OF CHLORPROMAZINE ON ADDICTION

A Preliminary Report of Two Cases of Dilaudid, Morphine and Codeine Addictions

By JOHNSON CHU, M. D.,*
Weston, W. Va.

Since its discovery, the drug 'chlorpromazine' (Thorazine) 10-(3-dimethylaminopropyl) -2-chlorphenothiazine hydrochloride, has been used extensively all over the country and has been tested in different fields of medicine, especially in that of psychiatry. While its effect as a sedative and anti-emitic is well known, its favorable results in cases of various mental disorders, both organic and functional, also are gaining recognition as the reports covering this phase of the drug's use appear from time to time. Its value in the management of pain in cases of malignancy[1,2] also is known by some investigators.

The writer takes this opportunity to present two cases, one of dilaudid addiction and one of morphine and codeine addiction, in both of which drastic results were obtained, not only from the standpoint of pain relief but also from that of removal of the addiction; the effect of this drug on addiction *per se* is believed to be a definitive and drastic one, producing no sign or symptom of withdrawal and suggesting that complete removal of addiction can be achieved in an amazingly short period of time after beginning the administration of chlorpromazine.

CASE REPORTS

Case 1 — E. C., a 66-year-old white female, was admitted to the Medical Center of this hospital May 4, 1955 for treatment of dilaudid addiction. There was a history of fracture of the right hip seven years previously, resulting in improper healing. The patient suffered from severe pain and had begun taking dilaudid six years previously. She had continued to take dilaudid hypodermically, 3 mg. every four hours, self-administered, for the past six years, and addiction to the drug had, of course, developed. She had come to the medical center for treatment and was very willing to be helped, if possible.

On admission, the patient appeared to be a well developed but undernourished and emaciated old lady with very poor complexion. X-ray of the pelvis revealed an old poorly healed fracture of the neck of the right femur, complicated by definite shortening of the limb. The head of the femur was degenerated and partly absorbed. There was also moderately advanced bilateral pulmonary tuberculosis, with questionable activity as shown by chest x-ray; otherwise, the findings were essentially noncontributory. Thorazine 50 mg. in ampule form was immediately administered and this dose continued three times daily by intramuscular injection. To our surprise, the patient did not show any symptoms of withdrawal as would be expected with dilaudid addiction. Instead, she was perfectly comfortable and had no complaints of any sort. Neither the dilaudid nor any substitute such as methadon has been administered since she was admitted and she has evinced no desire for it. She has been completely comfortable since she took the Thorazine by injection. She was an Thorazine 50 mg. three times daily intramuscularly for a period of only four days, and this was followed by thorazine 25 mg. tablets three times daily. On one occasion the thorazine was replaced with 2 cc's. of distilled water. Her complaint again started after this substitution and the Thorazine injections were resumed. She was discharged on June 2, 1955, with the addiction completely removed.

Case 2. — G. R., a 50-year-old white female, was readmitted to the Medical Center July 12, 1955, for treatment of morphine and codeine addiction. Her history indicated that she had been in and out of this hospital a number of times since 1937, with the diagnoses of psychoneurosis, drug addiction, barbiturates; however, her present admission was because of morphine and codeine addiction, these drugs, according to the patient herself, having been taken fairly steadily for the past two years. She had taken as much as thirty-six 1 grain codeine tablets in three days and twenty-four quarter grain morphine tablets in two days, all self-administered either by hypodermic or intramuscular injection. The injections were taken as often as every hour, and the patient attributed her addiction to several major operations (one being removal of her gallbladder, the others being pelvic operations), and to the fact that her pain was relieved only by constant morphine and codeine injection. She became heavily addicted, apparently, to both codeine and morphine and was readmitted for withdrawal of these two drugs.

On admission, the patient appeared undernourished and thin, with poor complexion. She was immediately given Thorazine 50 mg. intramuscularly every eight hours for the first three days and no complaint was noticed after the Thorazine therapy was instituted. She was calm, stayed in bed most of the time, and asked for no further medication. The Thorazine was reduced to 50 mg. every twelve hours for the next three days and she remained calm and comfortable. Neither morphine nor codeine was given at any

*From the Medical Center, Weston State Hospital, Weston, West Virginia.

time and she did not ask for anything of that sort. Beginning on the seventh day, the treatment was changed to thorazine 25 mg. tablets three times daily which was continued for a week and the Thorazine tablet then replaced with a placebo (thiamine chloride tablet). She was up and around afterwards and her complaints of pain were completely absent. She was discharged July 31, 1955, at her own request, although she was advised to stay longer in view of the fact that she had been addicted to so many drugs and had been hospitalized here a number of times. Nevertheless, her addiction to morphine and codeine was definitely removed at the time of discharge.

COMMENT

Here we have two cases, one of dilaudid addiction and the other of morphine and codeine addiction. The dilaudid was administered by the patient herself, regularly, 3 mg. every four hours, amounting to 18 mg. in 24 hours, for a period of six years without interruption.

In the second case, the morphine and codeine likewise were administered by the patient herself, one-fourth grain of morphine and 1 grain of codeine every hour, regularly, amounting to 6 grains of morphine and 36 grains of codeine in three days, for a period of two years without interruption. Had all these drugs been replaced with anything else during withdrawal, it would at least have taken a long time to remove them completely. In each case it was surprising that the patient could be placed on Thorazine right after admission. The symptoms or signs of abstinence which one might expect in any kind of addiction, especially dilaudid, morphine or codeine, were completely absent. The writer had in mind the substitution of methadon in case the thorazine failed to work, only to find that it was not needed at all. Although the study is preliminary, the dramatic effect of chlorpromazine could well indicate that it is the drug of choice in the treatment of dilaudid, morphine and codeine addiction. Although the drug's exact mechanism on addiction was not ascertained, many investigators [3,4] believe that chlorpromazine probably inhibits irritative endocrine reactions. In other words, it depresses the autonomic nervous system which was imbalanced when the drug was suddenly withdrawn.[5,6,7,8]

SUMMARY AND CONCLUSIONS

1. In two cases of chronic drug addiction, the first, dilaudid, the second, morphine and codeine addiction, treatment with chlorpromazine was carried out, with excellent results.

2. The dosage of 18 mg. of dilaudid in 24 hours in Case 1 and that of 6 grains of morphine plus 36 grains of codeine in 48 to 72 hours in Case 2 was replaced with chlorpromazine 50 mg. three times daily by parenteral route without abstinence symptoms.

3. Further study is indicated.

REFERENCES

1. Lucas, J., and others: Thorazine as an Aid in Management of Cancer Patients, Proc. Am. A. Cancer Research 1:30 (April) 1954.
2. Sadove, M. S., and others: Chlorpromazine and Narcotics in the Management of Pain of Malignant Lesions, J. A. M. A. 155:626 (June 12) 1954.
3. Laburit, H., Huguenard, P., & Alluaume, R.: Un nouveau stabilizateur vegetatil (le 4561 RP), Presse med. 60:206-208, 1952.
4. Relay, J., Deniker, P., & Harl, J. M.: Utilization on Therapeutique Psychiatrique d'une Phenothiazine d'Action Centrale Elective (4360 RP) Ann. medpsychol. 110:112-117, 1952.
5. Himmelsbach, C. K., and others: Symposium; Can euphoric, analgetic and physical dependence effects of drugs be separated? Federation Proc. 2:187-203 (Sept.) 1943.
6. Bodo, R. C., & Brooks, C. M.: Effects of Morphine on Blood Sugar and Reflex Activity in Chronic Spinal Cat. J. Pharmacol. & Exper. Therap. 61:82-88, (Sept.) 1937.
7. Hamburger, W. E.: Excitant Action of Morphine on Long-surviving Decorticated Cat. Proc. Soc. Exper. Biol. & Med. 36:36-38, 1937.
8. Herrmann, J. B.: Effects of Certain Drugs on Temperature Regulation, and Changes in Their Toxicity in Rats Exposed to Cold, J. Pharmacol. & Exper. Therap. 71:130-137, 1941.

Appreciation is expressed by the writer to H. Sinclair Tait, M. D., Superintendent of Weston State Hospital, for his assistance in the preparation of this paper for publication.

GYNECOLOGY 100 YEARS OLD

Gynecology as a specialty was one hundred years old last May. Prior to that time, the practice was "limited to the treatment of erosion with silver nitrate, leukorrhea with oak bark solutions and uterine prolapse by the employment of a ball pessary."

Most of the credit for the advances made goes to J. Marion Sims. Doctor Sims successfully repaired a vesico-vaginal fistula, a condition that previously was considered incurable. It was prevalent at that time because of the poor obstetrics of the day. His technique was hailed as a major discovery.

Most of his work had been done on his slave patients. He operated 40 times on 3 patients, and 30 times on 1 of them during his experimental period, before cure was effected. These patients, though they never shared in the glory, deserve credit for their contribution to the advancement of medical science.

This discovery prompted Doctor Sims to move to New York where he became established in the practice and teaching of gynecology. He was an original founder of the Woman's Hospital in New York, the first hospital in the world dedicated to the treatment of diseases peculiar to women.—Illinois Medical Journal.

MANAGEMENT OF HEMORRHAGE FROM THE RENAL VESSELS*

(With Case Report)

By JOHN J. MURPHY, M. D.,
Philadelphia, Pa.

Adequate exposure and careful technic provide the best insurance against catastrophe in any type of surgery. Despite all precautions, however, instances arise in which the skill and ingenuity of the surgeon are tried severely. An impressive example of such an instance is the occurrence of massive bleeding from the renal vessels. Several methods of dealing with this situation are described. Experience indicates that temporary control may be gained by firmly packing the renal fossa, and this method can be unequivocally recommended. Restoration of normal circulatory volume and preparation for complete control may be instituted while such packing is fulfilling its role of preventing further blood loss.

Among the methods described for further management of the problem, perhaps the oldest is that of attempting to clamp the vessels in the interval between removal of the packing and resumption of the bleeding. If the stumps of the vessels remaining are long and the exposure is good, this method may be well worth trying. Pressure should be maintained on the packing for a full five minute period for best results. If possible, locating the renal vessels by palpation while the packing is in place, as recommended by Rathbun,[1] would seem to be an improvement in this method.

Transperitoneal exposure of the aorta and vena cava, as described by Scott,[2] allows direct visualization of the vessels and control of the aorta and vena cava but necessitates changing the position of the patient and presents the added difficulties of intraperitoneal dissection.

A recent experience in which control of the renal pedicle was lost during nephrectomy led to the utilization of an approach to the vessels which was rapid and easy, and which provided excellent exposure. The case is also of interest because of the unusual type of tumor encountered.

CASE REPORT

H. U. P. #041518. Mrs. C. B., a 72-year-old white woman, was referred because of gross total painless hematuria. There were masses palpable in both flanks. Physical examination was otherwise negative except the blood pressure which was 190/100. The mass in the left flank appeared

Fig. 1. Urogram revealing mass lesion of left kidney, with calcifications near hilum, and rounded lesion of the lower pole of the right kidney.

Fig. 2. Bilateral retrograde, pyelograms showing distortion of left collecting system, and cyst of right lower pole.

*From the Department of Surgery, Division of Urology, Hospital of the University of Pennsylvania, Philadelphia.

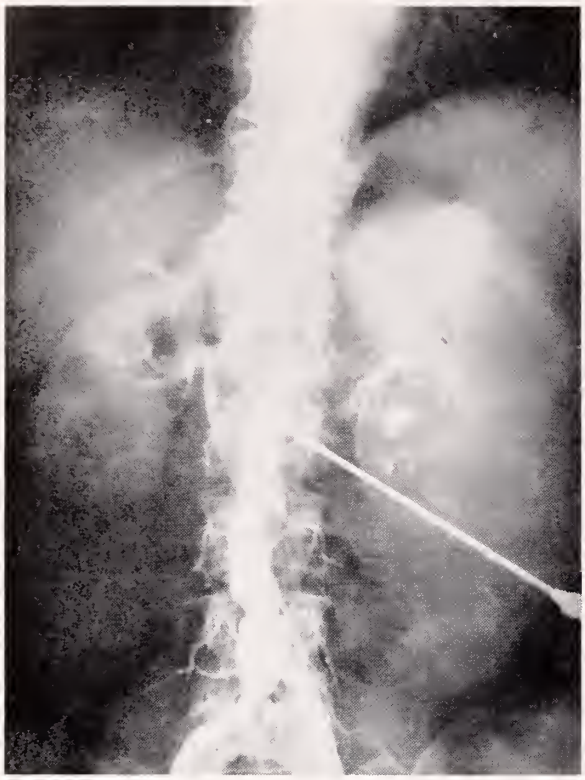


Fig. 3. Translumbar aortagram. Note vascularity of left kidney lesion as compared to that in right kidney.

firm and irregular. A lesion palpable in the lower pole of the right kidney was somewhat rounded and more uniform. Routine laboratory studies on admission revealed a trace of albumin in the urine and many white blood cells per high power field. The remainder of the routine studies were within normal limits. An intravenous urogram indicated the presence of bilateral renal tumors. (Fig. 1) Urethrocystoscopy revealed the bladder and uretha to be negative except for some inflammatory cysts about the bladder neck. Bilateral retrograde pyelograms confirmed the impression of bilateral renal tumors. (Fig. 2) There appeared to be calcification near the central portion of the left kidney while the lesion in the lower pole of the right kidney looked like a large cyst. Translumbar aortography (Fig. 3) revealed what appeared to be a typical renal cyst of moderate size occupying the lower pole of the right kidney, with multiple smaller cysts about the kidney parenchyma on that side. The tumor mass on the left side had the appearance of a solid lesion with multiple small blood vessels traversing its substance.

The left retroperitoneal space was explored through a subcostal incision. The lower two-thirds of the left kidney appeared to be replaced by a large, hard tumor mass with multiple large, cystic nodules on its surface. The small segment of the upper pole contained multiple cysts varying from 1 mm. to 4 mm. in diameter. Because of the presence of these cysts and the excellent function of the upper portion of this kidney demonstrated on intravenous urogram, it was decided to remove specimens of the tumor mass for biopsy to determine, if possible, its degree of malignancy. A non-crushing clamp was applied to the renal pedicle and biopsy specimens of the tumor

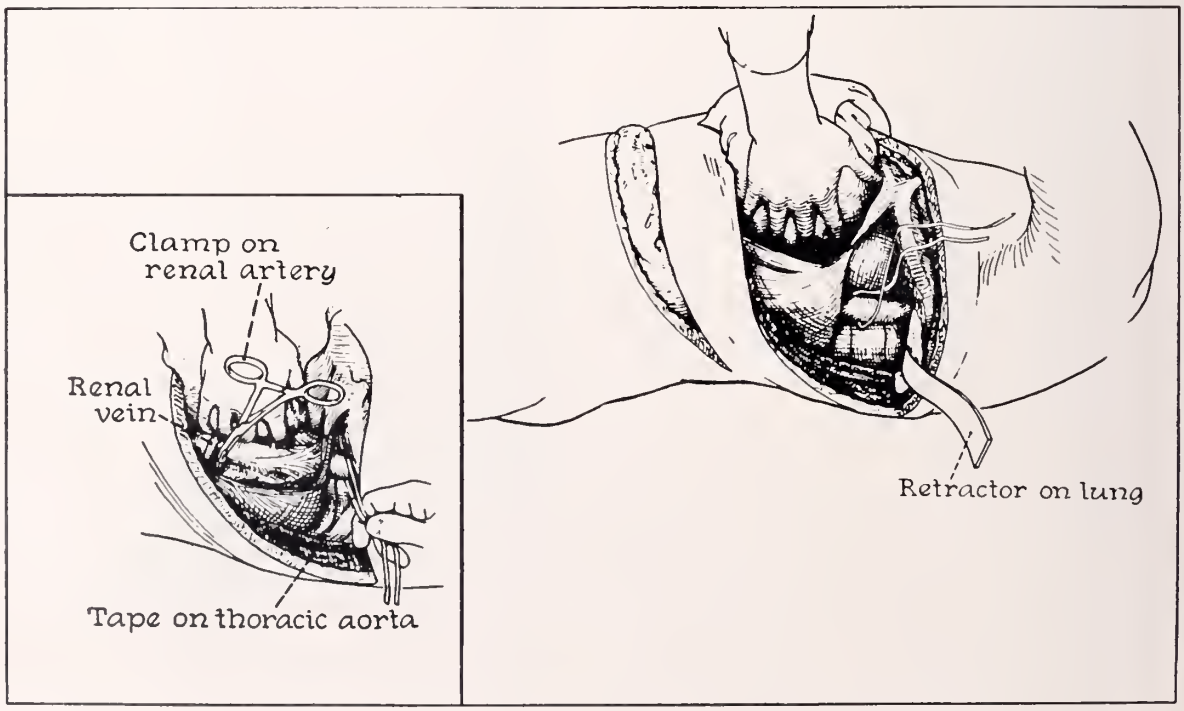


Fig. 4. Exposure of aorta and renal fossa through the 9th interspace and diaphragm.

were taken from several areas. A few of the cysts were unroofed revealing clear fluid and firm papillary excrescences growing through the floors of these areas.

The patholgist was unable to determine the nature of the neoplasm on frozen section nor could he be certain that it was a malignant lesion. Because of this the kidney was replaced to await the paraffin sections. The patient tolerated this operative procedure well and was convalescing smoothly when the pathologist came to the conclusion that while the neoplasm was of uncertain type it almost certainly was malignant and an indication for nephrectomy.

On the fifth day after the first operation, the left flank incision was reopened and the tumor mass again exposed. The renal pedicle was isolated and three pedicle clamps were applied. While the operator was cutting between the most distal and next pedicle clamp, the pedicle, apparently softened by the reaction from the previous surgery, tore proximal to the first clamp and the artery and vein retracted into the depths of the wound. Immediate pressure with several large surgical sponges controlled this hemorrhage so that only 500 or 600 cc's. of blood were lost, this amount being quickly replaced. It appeared likely that the vessels were torn close to their points of origin from the aorta and vena cava. On consultation with Dr. Julian Johnson, of the Thoracic Surgery Service, it was decided that the safest approach to the vessels would be through the diaphragm. The chest, therefore, was opened through the 9th interspace and the left hemidiaphragm split. (Fig. 4) The aorta was isolated and secured so that it might be clamped

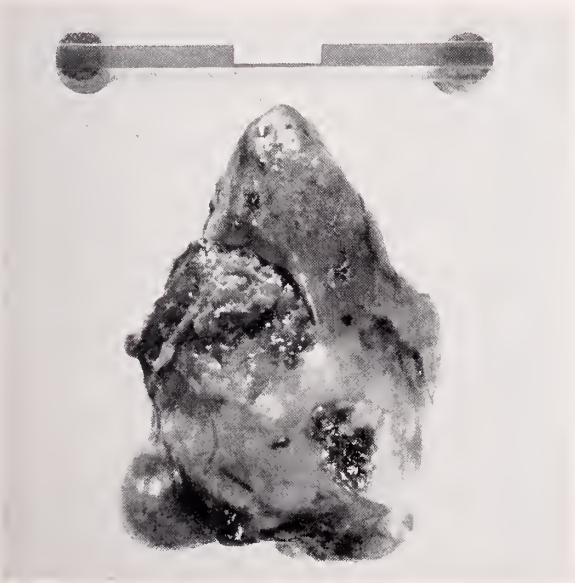


Fig. 5. Gross specimen left kidney, showing cysts of surface of tumor and in upper pole of kidneys.

Fig. 6. Left kidney tumor. On section tumor is glistening gray-pink, and fibrous in appearance.

if necessary. Dissection distally along the aorta then allowed visualization of the small stump of renal artery and this was clamped and easily ligated. The renal vein was picked up as it crossed the aorta and was secured with a ligature in similar fashion. The diaphragm was then repaired and the chest closed without drainage. The flank incision was closed in layers with drainage.

The patient's postoperative course was complicated by a moderately severe wound infection which responded to local therapy and she was discharged on her twenty-third postoperative day. To date there has been no evidence of recurrence nor of metastasis.

Gross examination of the kidney (Figs. 5 and 6) revealed it to weigh 680 Gm. and to be irregularly enlarged and distorted by a firm, pinkish-gray tumor which cut with fibrous resistance. The tumor itself measured 8 x 11 x 12 cm. There were several fluid-filled cysts between the tumor and the upper pole of the kidney. Microscopically, the tumor consisted of interlacing strands of fibrous tissue with large, plump, elongated nuclei. (Fig. 7) A rare mitotic figure was seen. Some areas showed large, hyperchromatic nuclei and were very cellular. Others contained very few cells and much gelatinous fibrous tissue stroma. The final histologic diagnosis was 'fibrocoma of the kidney'.

DISCUSSION

The value of the transthoracic approach for removal of large retroperitoneal tumors is well established. The approach may be accomplished quickly, and permits early control of the aorta above the renal arteries. Wide exposure with

direct visualization of the renal vessels is possible. It is these factors which make the method so valuable in the face of imminent catastrophe such as was encountered in this case. Finally, the fact that the approach can be made without altering the position of the patient or disturbing the lifesaving packing in the renal fossa, serves to recommend it as one to be kept in mind by all who undertake surgery in the retroperitoneal space.

SUMMARY

A 72 year old woman presented with symptoms of gross hematuria and was found to have multiple cysts of both kidneys and a large fibrosarcoma of the left kidney.

During the operative removal of this tumor, control of the renal vessels was temporarily lost. Exsanguination was prevented by firm packing of the renal fossa. A transthoracic approach to the renal vessels, made without altering the position of the patient, allowed excellent exposure and ligation of the vessels, with recovery on the part of the patient.

REFERENCES

1. Rathbun, N. P.: Some of the Accidents of Renal Surgery, J. Urol. 20:427, 1928.
2. Scott, H. W., Cantrell, J. R., & Bunce, P. L.: The Principle of Aortic Compression in the Management of Massive Hemorrhage from the Renal Pedicle after Nephrectomy, J. Urol. 69:26, 1953.

NONALLERGIC ASTHMA

A classification of asthma into allergic and nonallergic has gained support from the more recent studies on the underlying causes of the disease.

The majority of instances of nonallergic asthma occur after middle life and result from recurrent infections of the upper and lower respiratory tract. Status asthmaticus is a frequent complication of infectious asthma.

Chronic and intractable asthma may be present also in a patient with allergic asthma complicated by a superimposed infection of the sinuses, bronchi and lungs.

There are many secondary or precipitating causes that may bring on asthmatic paroxysms. The most important of these are acute respiratory infections, mechanical and chemical irritants, autonomic imbalance, hormonal deficiencies and psychogenic influences. These secondary causes play a more important role in nonallergic asthma because of the greater tendency to chronicity in this form of the disease.

The introduction of the antibiotics and corticosteroids in the treatment of infectious asthma has supplied potent weapons to combat the disease. The use of these therapeutic agents makes possible the control of two of the important pathologic lesions of asthma—bronchial infection and bronchial inflammation.—Samuel H. Hurwitz, M. D., in California Medical.

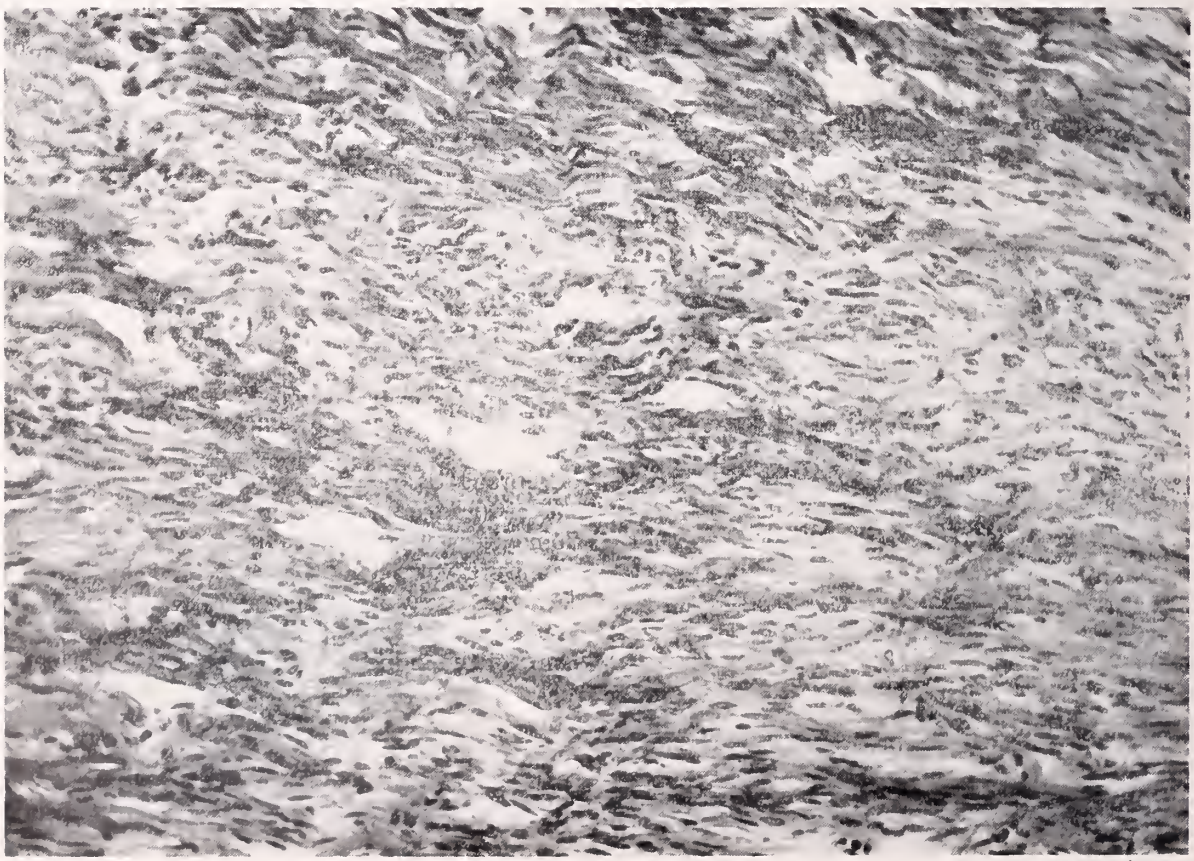


Fig. 7. Microscopic appearance of tumor. Fibrosarcoma.

introducing...

the latest addition to **AMA's** parade of **PR** aids

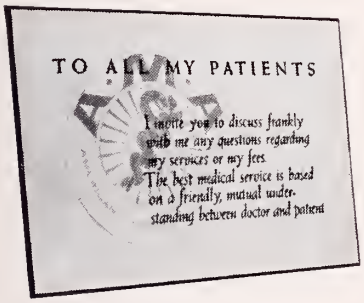
sure to make a hit with your patients by providing written answers to many questions about their medical care.

AMA now offers you its newest publication designed as a PR adjunct to your medical practice. TO ALL MY PATIENTS is just one of several public relations pieces recently developed by AMA to help you and your patients achieve that mutual understanding so important to a successful doctor-patient relationship. This attractive 12-page pamphlet—which was mailed to all AMA members—briefly describes the responsibilities of various persons on the medical team . . . discusses medical and hospital fees and health insurance . . . and encourages a friendly discussion of medical services and fees.

TO ALL MY PATIENTS begins: "I appreciate the confidence you have expressed in me by selecting me as your physician. I sincerely hope that I can give you and your family the kind of medical service you desire. . ."

TO ALL MY PATIENTS concludes: "It is difficult for a physician briefly to explain every service necessary in providing good care because each case is different. I sincerely hope this leaflet will give you a better understanding of some of the services you may require. . ."

For that added personal touch, space has been provided on the back cover for you to imprint or stamp your name. Quantities of TO ALL MY PATIENTS may be secured free of charge from the American Medical Association by sending in the coupon below.



a companion PR aid

TO ALL MY PATIENTS plaque for display in the office or reception room . . . encourages patients to ask questions about medical services or fees . . . available from AMA for one dollar postpaid. Send in the coupon today!

another A·M·A membership service

ORDER NOW

Public Relations Department
AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street • Chicago 10, Illinois

Send me_____TO ALL MY PATIENTS pamphlets

Also send_____office plaques at $1.00 each

NAME_____
(*please print*)

ADDRESS_____

CITY_____ZONE____STATE_____

The President's Page

This, indeed, is a New Year for me; one that will bring some happiness, some disappointments, hard work, and, I hope some play. I do not know that in the ordinary affairs of life whether philosophy is of much more use than to enable us to make virtue of necessity. It helps us to do with equanimity what we would rather not do. Writing this page is one of the duties which, by necessity, I must face each month, and by the year's end I shall be stronger and wiser for having done so.

I would like to say to every physician in West Virginia what I tried to say to the House of Delegates at the Greenbrier last August. I want you to know that I consider it a great honor to be President of the West Virginia State Medical Association; that I will do everything in my power to make this year a successful one; and that I shall call on many of you to help bring this about.

I know that I can count on Doctor McMullen to give me sound counsel and straight guidance, and I would like to take this opportunity to say that our State Medical Association is stronger, and commands even more respect, because of his efforts during the past year.

I hope that the Christmas Season has been a joyful and merry one for all of you, and that the New Year will be bright and the entire year of 1956 will be healthful, profitable and pleasant.

Let us be kinder to one another and especially to our patients. Please remember that what to you may be trivial, and slip your memory by tomorrow morning, may be tragic and dreadful to one of your patients.

President

West Virginia Medical Journal

Official Organ of
The West Virginio Stote Medical Association
302 Atlos Building, Charleston, West Virginio

Member 1956

Editor
Wolter E. Vest, M. D. (1956) ..... Huntington

Managing Editor
Mr. Chorles Lively ..... Chorleston

Associate Editors
G. G. Irwin, M. D. (1957) ..... Charleston
R. H. Edwards, M. D. (1958) ..... Welch
Wm. M. Sheppe, M. D (1959) ..... Wheeling
George F. Evans, M. D. (1960) ..... Clorksburg
E. Lyle Goge, M. D. (1961) ..... Bluefield
Edword J. Von Liere, M. D. (1962) ..... Morgontawn

Business Manager
Mr. Chorles Lively ..... Charlestan

Published monthly on the first day of the month, ot Chorleston, by the West Virginio Stote Medicol Associotion.

Originol orticles ore occepted on condition thot they ore contributed exclusively to the Journol.

Advertising rotes furnished on request.

Address oll communicotions to Business Monoger, West Virginio Medical Journol, Box 1031, Charleston 24, West Virginio. Phone DIckens 4-4625.

ATHEY R. LUTZ, PRESIDENT

A native Virginian who found the proverbial pastures greener on the West side of the mountains assumed his official duties as president of the West Virginia State Medical Association on January 1.

The new president is Dr. Athey R. Lutz of Parkersburg who was elected by the House of Delegates at the annual meeting at the Greenbrier last August to succeed Dr. J. P. McMullen of Wellsburg.

Doctor Lutz was born, reared and educated in Virginia, but turned to this state nearly thirty years ago to engage in the practice of his specialty of orthopedic surgery.

During this span of years the people of Parkersburg and West Virginia have recognized him as physician, friend, neighbor and citizen. He has endeared himself to his fellow physicians throughout the state by the service he has rendered as a member of his local society, the State Medical Association, and several key committees.

Doctor Lutz has always been interested in the problems that have confronted the medical profession in past years, and has devoted many precious hours as a member of committees named to study and recommend solutions to these problems.

There will undoubtedly be times when the new president will have to call upon members of the State Medical Association for their aid in the solution of important problems. We feel sure that he will receive one hundred per cent support in the development of his program, not only from his "cabinet", but from the entire Association membership.

WELL DESERVED AWARD

Dr. Roy Bird Cook, veteran West Virginia pharmacist and student of history, received the highest award of his profession at a meeting in New York City early in December.

He was presented with the Remington Honor Medal at a meeting at the Sheraton-Astor Hotel on December 5, sponsored by the New York branch of the American Pharmaceutical Association.

Although the award has been received by 33 individuals, Doctor Cook is but the second pharmacist to be so honored.

We feel sure that we speak for the overwhelming majority of the members of the medical profession in West Virginia when we extend heartiest congratulations to Doctor Cook, whose acquaintanceship extends far beyond the borders

Athey R. Lutz, M. D.

of the city of Charleston where he has engaged in the practice of his profession for many years.

It is most fitting that Doctor Cook receive this, the highest award in pharmacy, for we know of no person who has done more for his profession during the past half century.

Our congratulations to him and best wishes for many more years of service to his fellowmen.

CLICHES IN MEDICAL WRITING

Numerous examples of cliches in medical writing can be given, but a few will suffice: marked, nothing remarkable, by and large.

The occasional use of the word "marked" is not offensive to the reader, but its continuous use becomes monotonous and annoying. Surely one of the following synonyms could be used effectively so that this greatly overused word could have some respite: great, copious, abundant, large, tangible, evident, perceptible, clear, unmistakable, decided, pronounced, distinct, appreciable, extreme, noticeable, prominent, conspicuous, outstanding, salient, and others. There are many words from which to choose, so there is but little excuse to use repeatedly the word "marked".

Another greatly overused word is "remarkable". For example, in describing the results of a physical or a laboratory examination the author all too frequently writes, "nothing remarkable was found". Now this is a fine-sounding rather elegant phrase, and probably shows marks of erudition, but just what does it mean? Does it imply that nothing astounding was discovered? This hardly seems likely, but the implication is plainly there. Would not the words, unusual, noticeable, observable, or pertinent be more appropriate?

It is true that it is difficult, if not impossible, to avoid all cliches. A few are probably permissible, but their continued use is a sign of mental laziness. The intelligent use of a dictionary will help the writer in his selection of the proper word.

Besides the words "marked" and "remarkable", another phrase used by many authors, including medical men, is "by and large". What does this prize expression mean? Absolutely nothing. It certainly has filled a long needed gap. The farthest reach of the imaginable could not ascribe a meaning to this unmeaningful phrase. Still it is used by experienced writers and by able men. Not long ago a president of one of our famous universities used this phrase repeatedly in his annual report. Its use as an erudite expression is not only an affectation, but an absurdity. "By and large" should be stricken from the records and "relegated to the limbo"; it has no place in the American language.

In conclusion, let us take our hats off to the wag who suggests that what the world needs is not only a good five-cent cigar, but a set of new cliches as well.

NEW HONOR FOR DOCTOR VEST

The Aces and Deuces, an organization of state medical societies and associations having either one or two delegates to the American Medical Association, chose Dr. Walter E. Vest of Huntington as its chairman at the luncheon meeting held in Boston, November 29, 1955.

Election as head of this very active organization within the American Medical Association came to Doctor Vest through the unanimous vote of the members. He did not seek the office and his election came to him as a very pleasant surprise.

Doctor Vest has served as AMA delegate from West Virginia since 1934 and has held membership on many of the key committees of the parent organization. This additional honor that has come to him is richly deserved, as it is freely admitted that no person has been more active in the affairs of the AMA through the years than the senior delegate from West Virginia.

Other honors bestowed upon Doctor Vest in the past include the presidency of the West Virginia State Medical Association, the Southern Medical Association, and the Federation of Licensing Boards of the United States. He is editor of The West Virginia Medical Journal, an office he has held since 1937. He has served as a member of the Publication Committee continuously since 1923.

Dr. Wesley W. Hall of Nevada will serve as secretary-treasurer of the Aces and Deuces during 1956.

The office to which Doctor Vest has been elected has been held by Dr. Julian Price of South Carolina; Dr. R. S. Peters of Montana; Dr. Charles L. Farrell of Rhode Island; Dr. W. Andrew Bunten of Wyoming; and Dr. Bruce Underwood of Kentucky.

The action of the Aces and Deuces organization is concrete evidence of the esteem in which Doctor Vest is held by members of the House of Delegates of the American Medical Association He is qualified in every respect to discharge the duties of the office to which he has been elected, and he has the best wishes of the members of the profession in West Virginia and throughout the country generally for a successful term.—C. L.

THE MARCH OF DIMES

America is a land where the neighborhood, like the family circle, serves as the social unit. In periods of trouble and disaster, neighbors have a way of taking care of the person next door. Volunteer workers, again the neighbors, are always ready and willing to go into action when disaster strikes their fellow Americans.

So it has been in the fight against infantile paralysis, a disease which so often carries with it the impact of both personal and family disaster.

The March of Dimes campaign has won support throughout the country because one neighbor is willing to help another. But it is not always the person next door. The neighbor in the fight against polio may be an afflicted child in another city far away.

Notwithstanding the Salk vaccine, many thousands of polio patients still need help. The vaccine came too late for these people. There is still a tremendous amount of work to be done in medical research and in recruiting and training scientists, doctors and other experts for a fight to the finish against this crippling disease.

The National Foundation for Infantile Paralysis, supported through public contributions to its January March of Dimes, has made an enviable record, both in this state and nationwide, for meeting the problems posed by paralytic polio. In 1955 the March of Dimes gave nearly 214,500 cc. of Salk vaccine without charge to the state of West Virginia to initiate a statewide vaccination program.

The results already reported from the use of the vaccines are most encouraging but they must not be allowed to blind the eye of the medical profession to the road that still lies ahead. There remains a great need for additional research to improve the Salk vaccine, to determine the duration of immunity it effects (and conversely to determine the need for "booster shots") and to provide the best possible treatment for patients already or yet to be involved with paralytic poliomyelitis. There is also a vast need for the professional education of young men and women who will contribute to the necessary research and help give the needed treatment.

To pay for research, education and aid to polio patients, the March of Dimes needs $47,600,000 in 1956. We feel sure that West Virginia physicians, knowing both the need and the record, will support and urge their patients to support the 1956 March of Dimes in their own communities.

STAFFING OF THE UNIVERSITY TEACHING HOSPITAL

Several inquiries have been received by the School of Medicine at West Virginia University with reference to the staffing of the new University Hospital, as well as the employment of clinical personnel.

We are informed that none of the clinical positions have been filled, and it appears unlikely that the present staff will be enlarged until a year or two preceding the actual opening of the Teaching Hospital.

If the contract for the hospital can be let in late spring of 1956, the building itself should be completed by spring or early summer in 1959.

The timing is extremely important as plans for the graduation of the first class in the new four-year school of medicine in 1961 mature. Any delay in construction work would necessarily defer the graduation of students with the M. D. degree.

A personnel committee has been set up which is composed of five members of the faculty of the Medical School with Dean E. J. Van Liere as chairman. It is anticipated that the first position to be filled will be that of Professor of Medicine. When chosen, he will become a member of the personnel committee and will undoubtedly take an active part in the selection of physicians for other clinical positions.

It is expected that the majority of the instructional staff will be full-time men.

Our understanding is that no position will be offered to any person without the approval of the personnel committee. Recommendations of the committee will be submitted to the president of the University and the Board of Governors for final approval. This will be a continuation of the present policy for filling all positions within the School of Medicine.

STUDENT HEALTH SERVICES EXPANDED

Mental health or preventive psychiatry is assuming more and more an important role in health service activities. The experience of most colleges and universities is that emotional and personality difficulties constitute a major and a seemingly increasing problem with a significant segment of the total enrollment of the school.

The pronounced increase in foreign student enrollments and the uncertainties which face our own students concerning military service have been considered to be contributory factors. In any event, within the past few years, great demands have developed for mental health facilities. Many universities now provide psychiatric and clinical psychology counselling services in their health services.—George X. Trimble, M. D., in The Journal Lancet.

GENERAL NEWS

COUNCIL CLEARS HEAVY AGENDA AT YEAR-END MEETING IN CHARLESTON

Dr. E. J. Van Liere of Morgantown, Dean of West Virginia University School of Medicine, was reelected a member of the publication committee of the West Virginia State Medical Association at a meeting of the Council held in Charleston on December 11, 1955. He will serve for a seven-year term ending December 31, 1962.

In the past, the committee has been composed of five members; however, the by-laws were amended at the annual meeting at the Greenbrier in White Sulphur Springs, in August, 1955, so as to provide for the election of two additional members, with staggered terms of five and six years, respectively.

The Council elected Dr. George F. Evans of Clarksburg to serve a five-year term ending December 31, 1960. Dr. E. Lyle Gage of Bluefield, vice president of the State Medical Association, was elected a member of the committee for a six-year term ending December 31, 1961.

The publication committee is now composed of Dr. Walter E. Vest of Huntington, chairman and editor of The West Virginia Medical Journal; and Drs. E. J. Van Liere, Morgantown; G. G. Irwin, Charleston; R. H. Edwards, Welch; William M. Sheppe, Wheeling; and the two new members, Dr. George F. Evans and Dr. E. Lyle Gage.

Doctor Evans and Doctor Gage will assume their duties as of January 1, 1956. Beginning in 1956, the Council will select one member of the committee annually for a seven-year term.

Medical Scholorships

Doctor Kessel stated that, at a meeting of the Council held in Charleston on January 23, 1955, he was authorized to appoint a special committee on medical scholarships in connection with the construction of the new four-year school of medicine, dentistry and nursing at Morgantown. The committee would study the matter of the award of four scholarships in medicine to the new Medical Center at West Virginia University, and would further explore the entire field of scholarships and then report back to the Council.

Dr. Russel Kessel (center), the retiring chairman of the Council, confers with Dr. Athey R. Lutz (left), president of the West Virginia State Medical Association for 1956, and Dr. James P. McMullen, the outgoing president, who assumes the duties of Council chairman. Doctor Kessel succeeds Dr. James S. Klumpp as councillor-at-large.

Doctor Kessel announced the appointment of the following as members of the committee:

J. P. McMullen, M. D., Wellsburg, chairman; Frank J. Holroyd, Princeton; and Sobisca S. Hall, Clarksburg.

Doctor McMullen said that he was of the opinion that the chairman of the Council, Doctor Kessel, should also be a member of the committee, and the Council voted unanimously to add his name to the list of members of the committee.

W. Va. Council on Education

Acting upon the request of Mr. Phares E. Reeder, Executive Secretary of the West Virginia Education Association, the Council accepted membership in the West Virginia Council on Education, which is being enlarged to include representatives from major business, labor, industrial, civic, and other organizations. Membership had previously been limited to representatives of educational and closely related agencies and organizations.

Honorary Members Elected

The following physicians were elected to honorary life membership in the West Virginia State Medical Association:

James S. Klumpp, Huntington; Audie O. Kelly, Wallace; and Robert D. Harmon, Kingwood.

Industrial Health Report to be Studied

The chairman was authorized by the Council to appoint a special committee to study the recommendations made by the Committee on Industrial Health in its annual report to the House of Delegates, published in the August, 1955, issue of The West Virginia Medical Journal. The committee is to report at a future meeting of the Council.

Subsequently, the chairman named the following members of the Council to serve on the special committee:

Seigle W. Parks, M. D., Fairmont, chairman; Russell A. Salton, M D., Williamson; and E. H. Starcher, M. D., Logan.

Increased Appropriations for Health Department

Dr. N. H. Dyer, State Director of Health, discussed in detail the need for increased appropriations for some of the bureaus and divisions of the State Department of Health. He explained that the increases requested are now being considered by the Board of Public Works.

Following Doctor Dyer's statement, it was explained that physicians from several parts of West Virginia had recommended to members of the Board increases requested in the appropriation for the State Department of Health.

New Advisory Committee Named

The appointment of an advisory committee to the Division of Maternal and Child Health, State Department of Health, requested in a letter addressed to the Council by Doctor Dyer, was given consideration. The need for such a committee, which functioned so well for several years in the past, was explained by Doctor Dyer.

The Council directed the chairman to appoint an advisory committee, and he subsequently announced the appointment of Carl S. Bickel, M. D., of Wheeling, chairman, and O. L. Haynes, M. D., of Fairmont, and Logan W. Hovis, M. D., of Parkersburg. Doctor Bickel's specialty is obstetrics, Doctor Haynes is a pediatrician, and Doctor Hovis is engaged in general practice.

Central Cancer Registry

Dr. Chauncey B. Wright of Huntington, prominent in the work of the West Virginia Cancer Society, and a member of the Cancer Committee of the State Medical Association, appeared before the Council to discuss the establishment of a Central Cancer Registry within the division of cancer control of the State Department of Health.

The establishment of such a registry, sponsored by the West Virginia Cancer Society and the State Department of Health, was approved unanimously by the Council at the pre-convention meeting held at White Sulphur Springs in August, 1955.

Doctor Wright said that the executive committee of the West Virginia Cancer Society had approved the acceptance of a code clerk in the division of cancer control, who will work under the supervision of Doctor Dyer, State Director of Health.

The forms for the hospitals to be used in the registry and the log books in each hospital will also be furnished by the West Virginia Cancer Society.

Doctor Wright said that the personnel of each information bureau of the 16 tumor clinics associated with the West Virginia Cancer Society will assist materially in follow-up information for the Central Registry, as well as the registry of participating hospitals.

Expenses of AMA Delegates

A recommendation from the Council of Kanawha Medical Society that the Council of the State Medical Association consider a proposal to pay basic expenses of the West Virginia delegates to the AMA House of Delegates was reported by the executive secretary.

It developed that the West Virginia State Medical Association is the only such organization which does not pay at least part of the expenses of its delegates to meetings of the AMA House of Delegates.

The Council ordered that the two West Virginia delegates be reimbursed for traveling expenses to annual and clinical meetings of the American Medical Association, and that each delegate be paid $10.00 daily for subsistence while away from home.

New Members Introduced

Several of the new members of the Council were introduced at the meeting, including Dr. Athey R. Lutz of Parkersburg, who will assume the duties of president on January 1, 1956, and Dr. J. C. Huffman of Buckhannon, Dr. Russell A. Salton of Williamson, and Dr. Philip W. Oden of Ronceverte, councillors elect from the second, fifth and sixth councillor districts, respectively.

Two new members of the Council from the fifth and sixth districts at the Council meeting in Charleston December 11, Dr. Russell A. Salton of Williamson (right), and Dr. Philip W. Oden of Ronceverte, representing the fifth and sixth districts, respectively.

Besides Drs. Lutz, Huffman, Salton and Oden, the meeting was attended by Dr. Russel Kessel, Charleston, chairman; Dr. James P. McMullen, Wellsburg, president; Dr. E. Lyle Gage, Bluefield, first vice president; Dr. Seigle W. Parks, Fairmont, second vice president; Dr. T. M. Barber, Charleston, treasurer; Dr. James S. Klumpp, Huntington, member-at-large; Drs. R. Alan Fawcett, Wheeling, George T. Evans, Fairmont, Maynard P. Pride, Morgantown, Charles L. Leonard, Elkins, Theresa O. Snaith, Weston, John F. McCuskey, Clarksburg, Everett H. Starcher, Logan, and Raymond A. Updike, Montgomery; and Charles Lively, secretary ex officio, and William H. Lively, assistant executive secretary of the West Virginia State Medical Association.

The meeting was also attended by Dr. Frank J. Holroyd, Princeton, and Dr. Walter E. Vest, Huntington, AMA Delegates from West Virginia; Dr. T. G. Reed, AMA alternate; Dr. N. H. Dyer, Charleston, State Director of Health; Dr. Chauncey B. Wright, Huntington; and Dr. Deane F. Brooke, Beckley, chairman of the committee on industrial health.

West Virginia's delegates and alternates to the AMA House of Delegates, Dr. Walter E. Vest (left) and Dr. Frank J. Holroyd (center), delegates, and Dr. J. C. Huffman (rear center) and Dr. Thomas G. Reed (right), alternates.

NEW PRESIDENT AND OTHER OFFICERS ASSUME OFFICIAL DUTIES JANUARY 1

Dr. Athey R. Lutz of Parkersburg will take office January 1, 1956, as president of the West Virginia State Medical Association. He succeeds Dr. James P. McMullen of Wellsburg, who will serve as chairman of the Council during the coming year.

Dr. James S. Klumpp of Huntington, who has served as councillor-at-large during the past year, will be succeeded by Dr. Russel Kessel, the retiring chairman of the Council.

Dr. E. Lyle Gage of Bluefield continues as first vice president, and Dr. Charles A. Hoffman of Huntington will serve as second vice president, succeeding Dr. Seigle W. Parks of Fairmont.

Dr. Thomas Maxfield Barber of Charleston will begin serving his 29th consecutive term as treasurer.

1956 Council

In addition to the officers, the following will serve as members of the Council during 1956:

First district, George T. Evans, Fairmont, and R. Alan Fawcett, Wheeling.

Second district, Charles L. Leonard, Elkins, and Carl E. Johnson, Morgantown.

Third district, John F. McCuskey, Clarksburg, and J. C. Huffman, Buckhannon.

Fourth district, Ray H. Wharton, Parkersburg, and Francis L. Coffey, Huntington.

Fifth district, Everett H. Starcher, Logan, and Russell A. Salton, Williamson.

Sixth district, R. R. Summers, Charleston, and Philip W. Oden, Ronceverte.

AMA Delegates and Alternates

Dr. Walter E. Vest of Huntington and Dr. Frank J. Holroyd of Princeton will continue as AMA delegates from West Virginia. The alternates are Drs. Jacob C. Huffman of Buckhannon and Thomas G. Reed of Charleston.

The new president, Doctor Lutz, was born in Orkney Springs, Virginia, August 24, 1900. He received his M. D. degree from the Medical College of Virginia in 1927 and interned at Charleston General Hospital, 1927-29. He served a residency in orthopedic surgery at the Willis C. Campbell Clinic in Memphis, Tennessee, 1930-32.

During World War II, he served in the ETO overseas with the Army Medical Corps. He was released in January, 1946, with the rank of Lieutenant Colonel, AUS.

Wide Experience in Organized Medicine

Doctor Lutz has had a wide and varied career in organized medicine. He served as secretary of the Parkersburg Academy of Medicine in 1947, and was elected president of that group in 1947. He was a member of the State Medical Association's Council, 1951-54 and in 1954 served as chairman of a special committee appointed to study the existing voluntary health programs in this state, particularly with reference to Blue Cross-Blue Shield plans.

He is a member of the orthopedic staff of the crippled children's division of the West Virginia Department of Public Assistance, and is chairman of the orthopedic advisory committee to that division. He is a diplomate of the American Board of Orthopedic Surgery, and a fellow of the American Academy of Orthopedic Surgery and the American College of Surgeons.

Doctor Lutz was married to the former Veronica Sammel of Parkersburg in 1939. They have three children, Kitty Stephenson, John Sammel and Betty Sammel.

AAGP IN WASHINGTON, D. C., MAR. 19-22

The eighth annual American Academy of General Practice Scientific Assembly will be held March 19-22, 1956, in Washington, D. C. More than 5,000 physicians are expected to attend the four-day meeting.

The scientific sessions, which include a program of 26 speakers on important subjects ranging from cardiac emergencies to primary wound repair, will be held in the Washington Armory. The Armory will also house the scientific and technical exhibits.

Two live clinics, a symposium on obstetrics, and an address by Dr. Leonard A. Scheele, Surgeon General of the United States Public Health Service, will highlight the program. A special tour through the National Institutes of Health at Bethesda, Maryland, has been arranged for visiting physicians.

The Academy's Congress of Delegates will meet Saturday, March 17. All sessions of the Congress and social functions will be held in the Hotel Statler. Induction ceremonies for the president-elect of the Academy, Dr. J. S. DeTar of Milan, Michigan, will be held March 21. A reception and dance honoring the president of the Academy, Dr. John R. Fowler, of Barre, Massachusetts, will follow the induction ceremonies.

REHABILITATION PROGRAM AT MORRIS MEMORIAL

The Morris Memorial Hospital at Milton is now offering an integrated and comprehensive rehabilitation program for disabled children and adults. Both inpatient and out-patient services are available to any person who, in the opinion of the professional staff, can benefit from the rehabilitation program.

Jack E. Pearson, director of rehabilitation services, announced that patients with residual orthopedic and neuro-muscular disabilities, such as upper or lower extremity amputation, paraplegia, quadriplegia, hemiplegia, polio, cerebral palsy, etc., may be accepted for rehabilitation.

Patients may be referred to the hospital by private physicians, private and public social agencies, vocational rehabilitation agencies, the Workman's Compensation Commission, private insurance companies, and hospitals and clinics. Rehabilitation evaluation and admission forms may be obtained by contacting Mr. Pearson at the hospital.

Almost 10,000 orthopedically handicapped children have been provided services at the hospital since it was opened in 1935. The hospital will continue to offer these services.

CREATOR OF "REX MORGAN, M. D." GUEST SPEAKER AT PRESS-RADIO-TV MEETING

Plans have been completed for the sixth annual Press-Radio-TV Conference which will be held at the Daniel Boone Hotel in Charleston on Sunday afternoon, January 15.

The conference is sponsored annually by the West Virginia State Medical Association, and representatives of the press, radio-TV, and business and professional publications in West Virginia join with members of the medical profession to discuss problems of mutual interest.

Dr. W. L. Cooke

Dr. William L. Cooke of Charleston, chairman of the Association's public relations committee, will preside at the meeting. The registration desk at the hotel will be open at 1 P. M. and the meeting will be called to order at 2 o'clock. Dr. Athey R. Lutz of Parkersburg, president of the State Medical Association, will deliver the address of welcome, after which the meeting will be turned over to Doctor Cooke who will serve as moderator of a panel for the discussion of problems of mutual interest.

Panel Discussion

This open forum type of program, with active audience participation, will replace the usual formal speaking program. Working with Doctor Cooke as panel members will be newspapermen, radio-TV representatives, and members of the medical profession.

A social hour is scheduled for 5 P. M., and the annual dinner will follow at six o'clock.

"The Life of Rex Morgan, M. D."

The speaker at the banquet that evening will be Dr. Nicholas P. Dallis of Toledo, Ohio, the creator and author of "Rex Morgan, M. D.", favorite of millions of comic strip readers. Doctor Dallis practices his specialty of psychiatry in Toledo.

The speaker's subject will be "The Life of Rex Morgan, M. D." The comic strip, first a mere hobby, has been developed into a serious comic strip which today appears in more than 300 newspapers. The strip was launched in 1948 and since that time has won hearty approval from real-life medical men, as well as from the vast comics-conscious public.

AMA Citation

At the 1954 meeting of the American Medical Association in San Francisco, Doctor Dallis received a citation from that organization for his service to modern medicine through the medium of "Rex Morgan, M. D." The citation reads as follows:

> The American Medical Association takes pleasure in presenting this citation to Nicholas P. Dallis, M. D., in recognition of the outstanding health educational service he performs as the medical member of the team which creates the illustrated feature, 'Rex Morgan, M. D.'
>
> "Through an entertainment medium of widespread appeal he has contributed immensely to public education on many medical subjects and alerted Americans to the dangers of medical quackery. The character of Dr. Morgan has come to typify the modern doctor—a man of high principles, intelligence and integrity, devoted to the service of his patients, and a truly human, compassionate individual."

This was the second citation for health educational service awarded by the AMA. The first citation was given to Jean Hersholt at the 1953 meeting in New York City for his portrayal of the character, "Dr. Christian."

Speaker W. & J. Graduate

Doctor Dallis is a graduate of Washington and Jefferson College, where he found time to win the Eastern Intercollegiate middleweight boxing championship. He received his medical degree from Temple University School of Medicine and served a four-year residency in psychiatry in a Detroit Hospital before settling down to practice in Toledo. He has been certified by the American Board of Psychiatry and Neurology.

He started working on the "Rex Morgan, M. D." strip during his early days in practice. Another comic strip author referred him to the Chicago syndicate which now distributes the comic strip. The syndicate named two artists, Marvin Bradley and Frank Edgington, to work with him, and in May, 1948, the first strip appeared.

Appropriately enough, Doctor Dallis passed his psychiatric board examination the same day "Rex Morgan, M. D." was launched. Since then, the character, Rex Morgan, has fought a dope ring, herb doctors, and quacks and has succeeded in overcoming many other obstacles that stand in the way of good medicine. The AMA citation is indicative of his success.

Nicholas P. Dallis, M. D.

ACHR

PHOTO DATA. CAMERA: 4X5 REFLEX; EXPOSURE: 1/200 SEC. AT F.8 EXISTING LIGHTING.

ACHROMYCIN*

Hydrochloride
Tetracycline HCl *Lederle*

widely prescribed because of these important advantages:

1) rapid diffusion and penetration
2) prompt control of infection
3) negligible side effects
4) true broad-spectrum activity (proved effective against a wide variety of infections caused by Gram-positive and Gram-negative bacteria, rickettsiae, and certain viruses and protozoa)
5) every gram produced in Lederle's *own* laboratories under rigid quality control, and offered *only* under the Lederle label
6) a *complete* line of dosage forms

LEDERLE LABORATORIES DIVISION *AMERICAN Cyanamid COMPANY* PEARL RIVER, NEW YORK

Lederle

*REG. U. S. PAT. OFF.

He writes Rex Morgan three months in advance of publication, and sometimes prepares a week of continuity at one time. He is often at his office at 5 A. M. to work on his comic strip material until it is time for hospital rounds.

In addition to Rex Morgan, Doctor Dallis is also the author of "Judge Parker," another of the "purposely un-comical comic strips" which appears in many newspapers. He has found time to write papers for several medical publications, including the American Journal of Psychiatry.

Doctor Dallis is married and the father of three children. His wife, Mrs. Sally Dallis, who is a registered nurse, helps proofread the material for his strips.

MEDICAL MEETINGS, 1956

The following is a partial list of national, state and district medical meetings scheduled for 1956:

Jan. 3-5—Midwinter Medical Convention, Los Angeles.
Jan. 9-11—Medical Licensing Board, Charleston.
Jan. 15—Press-Radio-TV Conf., Charleston.
Jan. 16-18—Regional meeting, ACS, Jacksonville, Fla.
Feb. 12-15—Mid-Atlantic meeting, ICS, White Sul. Spgs.
Feb. 13-16—ACS Sectional Meeting, Philadelphia.
Feb. 20-22—Atlanta Graduate Med. Assembly, Atlanta, Ga.
Feb. 27-Mar. 1—New Orleans Grad. Med. Assembly.
Mar. 19-22—AAGP, Washington, D. C.
Apr. 14-15—W. Va. Acad. GP, Charleston.
Apr. 16-20—ACP, Los Angeles, Cal.
Apr. 22-29—Hawaii Med. Assn. Centennial, Honolulu.
June 7-8—State Health Conf., Charleston.
June 11-15—AMA Annual Meeting, Chicago.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

DR. CARONE ACCEPTS YALE APPOINTMENT

Dr. Frank A. Carone of Morgantown, a member of the faculty at West Virginia University School of Medicine, has been appointed resident physician in pathology at the Yale University School of Medicine, effective July 1.

Doctor Carone graduated from the University in 1948 and received his M. D. degree from Yale in 1952. He interned at the Hospital of the University of Pennsylvania and spent two years in the USAF as flight surgeon at Griffiss Air Force Base, Rome, N. Y.

Doctor Carone joined the University medical faculty last fall as an instructor in pathology and member of the University Health Service staff.

DOCTOR DYER HEADS USPHS COMMITTEE

Dr. N. H. Dyer, State Director of Health, has been elected chairman of the planning committee for the 1956 Conference on Mental Health with the Surgeon General of the United States Public Health Service. He was chosen for the office at a recent meeting of the Mental Health Authorities of the States and Territories of the United States.

The function of the Committee will be to plan the 1956 Conference of the Surgeon General, USPHS, with State and Territorial Mental Health Authorities.

STANDING AND SPECIAL COMMITTEES NAMED BY DR. A. R. LUTZ FOR '56

Members of standing and special committees who will serve during 1956 have been named by Dr. Athey R. Lutz of Parkersburg, who will on January 1 assume his duties as president of the West Virginia State Medical Association.

No changes have been made in the membership of the following special committees: Armed Services Advisory Committee; Governing Board of the Camp for Medically Handicapped Children; Advisory Committee to Dr. Fred J. Holter (School Health); and Advisory Committee on School Bus Transportation.

Standing Committees

The following is a complete list of chairmen and members of standing committees appointed by Doctor Lutz:

Cancer: F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare: Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws: Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory: Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative: E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; A. J. Villani, Welch; Raymond Updike, Montgomery; and Ward Wylie, Mullens.

Industrial Health: James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare: Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Huntington; and C. Truman Thompson, Morgantown.

Medical Education: Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg; Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology: Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J. Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program: Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations: William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Rural Health: Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis: Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Mann; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville,

Tuberculosis: Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage, Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing: Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hays, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation: Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

Special Committees

The following chairmen and members of special committees will serve during 1956:

Armed Services Advisory Committee: Russel Kessel, Charleston, Chairman; L. Rush Lambert, Fairmont; A. L. Jones, Wheeling; Justus C. Pickett, Morgantown; Sobisca S. Hall, Clarksburg; W. W. Strange, Huntington; H. C. Hays, Williamson; and Clyde A. Smith, Beckley.

Blood Bank: William E. Gilmore, Parkersburg; Chairman; William P. Bradford, Moundsville; Terrell Coffield, New Martinsville; Thomas B. Gordon, New Martinsville; Thomas J. Holbrook, Huntington; and T. Kerr Laird, Montgomery.

Adv. Comm., School Bus Transportation: John T. Jarrett, Charleston, Chairman; Carl B. Hall, Charleston; and George P. Heffner, Charleston.

Civil Defense: Robert S. Widmeyer, Parkersburg, Chairman; Charles F. Fisher, Clarksburg; Russel Kessel, Charleston; Frank V. Langfitt, Clarksburg; L. Rush Lambert, Fairmont; Marvin H. Porterfield, Martinsburg; James K. Stewart, Wheeling; and William W. Strange, Huntington.

Emergency Medical Service: John H. Gile, Parkersburg, Chairman; H. Charles Ballou, White Sulphur Springs; Rowland H. Edwards, Welch; Earl L. Fisher, Gassaway; Harry H. Howell, Madison; William D. McClung, Richwood; William H. Riheldaffer, Charleston; and Clinton W. Stallard, Jr., Alloy.

Hospital Relations: William R. Laird, Montgomery, Chairman; Hu C. Myers, Philippi; Irvine Saunders, Welch; Gordon Todd, Princeton; Edwin A. Trinkle, Weston; and Mayes B. Williams, Wheeling.

Insurance: Charles A. Hoffman, Huntington, Chairman; Bert Bradford, Jr., Charleston; F. Carl Chandler, Bridgeport; Buford W. McNeer, Hinton; Charles M. Scott, Bluefield; and Ray H. Wharton, Parkersburg.

Adv. Comm. to Director, Maternal and Child Health: Carl S. Bickel, Wheeling, Chairman; O. L. Haynes, Fairmont; and Logan W. Hovis, Parkersburg.

Governing Board, Camp for Medically Handicapped Children: Athey R. Lutz, Parkersburg; and Paul P. Warden, Grafton.

Medical Economics Liaison: Walter E. Vest, Huntington, Chairman; Seigle W. Parks, Fairmont; and William M. Sheppe, Wheeling.

Mental Hygiene: Lawrence J. Pace, Princeton, Chairman; William C. Cook, Charleston; Hiram Davis, Huntington; Isaac East, Spencer; Simon O. Johnson, Lakin; Robert Lincicome, Parkersburg; Sarah L. C. Stevens, Huntington; and H. Sinclair Tait, Weston.

Nurses' Liaison: W. Fred Richmond, Beckley, Chairman; Herbert M. Beddow, Charleston; Henry M. Escue, Charleston; and Upshur Higginbotham, Bluefield.

Permanent Home: Elizabeth McFetridge, Shepherdstown, Chairman; Thomas Bess, Keyser; John I. Markell, Princeton; James E. McClung, Richwood; Wade H. St. Clair, Bluefield; Clark K. Sleeth, Morgantown; and Charles F. Whitaker, Parkersburg.

UMW Advisory: Jacob C. Huffman, Buckhannon, Chairman; Ray M. Bobbitt, Huntington; Richard E. Flood, Cove Station, Weirton; Delivan A. MacGregor, Wheeling; Theodore P. Mantz, Charleston; Justus C. Pickett, Morgantown; W. Fred Richmond, Beckley; Everett H. Starcher, Logan; and Charles E. Watkins, Oak Hill.

VA Board of Review: John E. Lutz, Charleston, Chairman; George F. Fordham, Mullens; and Everett H. Starcher, Logan.

WVU Liaison: Charles E. Watkins, Oak Hill, Chairman; Ross P. Daniel, Beckley; Francis J. Gaydosh, Wheeling; Sobisca S. Hall, Clarksburg; Frank J. Holroyd, Princeton; Archbold M. Jones, Parkersburg; Russel Kessel, Charleston; and Clark K. Sleeth, Morgantown.

Medico-Pharmaceutical Relations: James L. Patterson, Logan, Chairman; William H. Allman, Clarksburg; A. L. Batalion, Pennsboro; Delmer J. Brown, Parkersburg; and Henry C. Hays, Williamson.

Adv. Comm. to Dr. Fred J. Holter (School Health): Leo H. Mynes, Charleston, Chairman; Donald R. Roberts, Elkins; and Paul P. Warden, Grafton.

Knowledge comes by taking things apart: analysis. But wisdom comes by putting things together.—John A. Morrison.

DR. ROY B. COOK, OF CHARLESTON, RECEIVES REMINGTON HONOR MEDAL

The Remington Honor Medal, pharmacy's highest award, was presented to Dr. Roy Bird Cook of Charleston by the New York branch of the American Pharmaceutical Association at a dinner in Doctor Cook's honor at the Sheraton-Astor Hotel in New York City, December 5. He is but the second retail druggist ever to receive this award.

The presentation was made by Dr. Hugo H. Schaefer, Dean of the Brooklyn College of Pharmacy of Long Island University.

Doctor Cook served as president of the American Pharmaceutical Association in 1942-43. He had previously served as president of the West Virginia Pharmaceutical Association in 1918-19.

He has been active in his profession for over 50 years. He was formerly a member of the drug firm of Ralston & Cook, of Weston, his partner being the late Minter B. Ralston of that city, whose son, Minter B. Ralston, Jr., continues the business in that city. Before moving to Charleston, where he now owns and operates Cook Drug Company, he operated drug stores in Parkersburg and Huntington.

In accepting the award, Doctor Cook described the Pharmacy of the "horse and buggy days" as a social gathering place which dispensed principally remedies of vegetable origin. He said that modern legislation regulating the sale of narcotics had not then been enacted, and that opium and many of its derivatives, such as laudanum, were sold over the counter. The "miracle drugs" of today were only a pharmacist's dream.

Dr. Roy Bird Cook

Doctor Cook said that education for members of the pharmaceutical profession has undergone a change almost as radical as the drug store. Where formerly there were no educational standards to speak of, and college courses differed widely, there is currently a four-year course which will soon be expanded to a five-year program for a degree in pharmacy.

Doctor Cook spoke particularly concerning the many changes wrought in pharmacy during World War I and World War II. He recalled that during World War I, new and effective drugs were developed to combat influenza. During the second world war even more pharmaceutical advancements were made and many drugs formerly used became almost obsolete.

In closing, Doctor Cook said, "If I could make one wish, it would be to have the power to look into the palms of the youngsters who are entering the profession and read there what they will accomplish by the end of this century."

PLAQUE PRESENTED TO DR. EDWIN A. DAVIS

Another Charleston physician, Dr. Edwin A. Davis, who engaged actively in the practice of medicine for more than 50 years, was honored by being presented with a bronze plaque at the third of a series of postgraduate lectures, presented by Charleston General Hospital on Sunday, December 10, 1955.

Doctor Davis was licensed to practice medicine in West Virginia in the year 1900, and since 1909 has been a member of Kanawha Medical Society, the West Virginia State Medical Association, and the American Medical Association. He was elected to honorary life membership in 1944. He remained active in practice until a few months ago when he was compelled to retire on account of ill health.

Dr. Allen Guttmacher of New York City was the speaker on the scientific program on December 10, which opened at 8 A. M. in the conference room of the hospital. He is clinical professor of obstetrics at Columbia University College of Physicians and Surgeons, and director of obstetrics and gynecology at Mt. Sinai Hospital in New York City.

Doctor Guttmacher spoke first on "Infertility", and later addressed the group on the problem of medical complications of pregnancy, with special reference to heart disease, tuberculosis, diabetes and hypertension.

DOCTOR SHEPPE ELECTED TO CONSULTANT GROUP

Dr. William M. Sheppe of Wheeling has been elected a member of the Society of Medical Consultants to the Armed Forces.

All of the members of the group have seen active service as commissioned medical officers in the Armed Forces of the United States, and, in addition, have served as consultants to a component of the Armed Forces.

The group holds itself in readiness to the call of the Surgeon General for advice and assistance in solving problems of professional importance arising in the medical establishments of all branches of the Armed Forces.

RELOCATIONS

Dr. Preston C. Davis of Beckley, who has been located at Mt. Holley, Virginia since June, 1955, has returned to his home city, where he has accepted appointment on the staff of the new UMW hospital.

* * * *

Dr. Waldo C. Henson of Charleston has moved to Reseda, California, where he will continue the practice of his specialty of internal medicine, with offices at 6915 Reseda Boulevard. His residence address is 5842 Lemona Avenue, Van Nuys, California.

* * * *

Dr. Leslie R. Miles, Jr. of Capon Bridge has moved to Lonaconing, Maryland, where he will continue in general practice.

* * * *

Dr. Victor A. Politano of Dunbar has moved to Boston, where he will continue the practice of his specialty of urology as a member of the staff of Massachusetts General Hospital. He is also a member of the staff of the Harvard Medical School. His present address is Massachusetts General Hospital, Boston 14.

* * * *

Dr. William J. Glass, Jr., of Charleston, has moved to Weatherford, Texas, where he will continue in general practice, with offices at 107 N. Alamo Street. He has engaged in practice in Charleston since January, 1951, and was previously located at Sissonville.

* * * *

Dr. Richard C. Norton of Webster Springs has moved to New Britain, Connecticut, where he will continue the practice of his specialty of diagnostic roentgenology, with offices at 73 Cedar Street. Doctor Norton was formerly a member of the staff of Memorial General Hospital in Elkins, but has practiced his specialty at Webster Springs since July, 1954.

* * * *

Dr. John G. Felmlee of Madison has moved to Lancaster, Pennsylvania, where he will continue in general practice, with offices at 315 East King Street.

* * * *

Dr. M. C. Mauzy of Elkins has accepted a residency in surgery at the California Hospital in Los Angeles. His address there is 1414 South Hope Street.

1956 ROSTER OF MEMBERS

The 1956 Roster of Members of the West Virginia State Medical Association appears in this issue of the Journal. As usual, it has been compiled through the cooperation of the secretaries and treasurers of the 28 component societies.

The Roster will be printed in pamphlet form the middle of January and distributed to Association and Society officers, other state medical associations, various bureaus and departments of the American Medical Association, and firms whose advertisements appear regularly in the Journal.

Each member of the Association is requested to check the list carefully and report to the headquarters offices in Charleston any omissions or errors that may be found in names, initials or addresses of members.

SHARP DROP IN NUMBER OF POLIO CASES REPORTED IN WEST VIRGINIA

The National Foundation for Infantile Paralysis reports that while the Salk vaccine has proved to be a better-than-expected means of protection against paralytic polio, it has not yet conquered this disease.

In a report released by T. Sterling Evans, State Representative of the Foundation, it is indicated that there may be many cases of paralytic polio in 1956. The Foundation reports that the Salk vaccine is not 100 per cent effective and it will take many months, perhaps years, before all the most susceptible age groups can be fully immunized against the disease.

The Foundation says that there will be a large supply of safe and effective vaccine available before the 1956 polio season. The United States Public Health Service's Technical Committee on Poliomyelitis Vaccine reported in November that the difficulties and uncertainties which hampered production in 1955 have now been resolved.

Foundation Needs Funds

Although the National Foundation is no longer distributing vaccine, it will be necessary to raise $47,600,000 to carry on the program in 1956. Dr. Hart E. Van Riper of New York City, the Medical Director, reports that approximately $2,510,000 has been spent by local chapters in West Virginia for the care of polio patients since the Foundation was organized in 1938.

A total of 61 National Foundation scholarships and fellowships have been awarded to West Virginia residents as part of the Foundation's professional education program.

Polio Picture in West Virginia

Emergency aid in dollars and in equipment for polio patients has been generously supplied to West Virginia. In the first 11 months of 1955, for example, a total of $127,275 in emergency aid was sent to 18 West Virginia chapters by the national headquarters of the National Foundation. In the year 1954 the amount was over $233,000 to 22 chapters.

Six tank respirators were sent into West Virginia as emergency shipments in the first 11 months of 1955. The previous year West Virginia received 22 respirators.

Dr. N. H. Dyer of Charleston, State Director of Health, reported in December that 104,689 children in the first and second grades in each of the 55 counties of the state received the first inoculation of the Salk vaccine in 1955. Approximately 70,000 took the second shot.

A total of 25 new cases have been reported among those who received the shots. Fifty per cent of these were mild cases with no paralysis, and 50 per cent had slight paralysis. One death was reported.

Records compiled Dec. 3, 1955, reveal that 177 new cases had been reported in the state as of that date, compared with 394 new cases in 1954.

A good idea that is not shared with others will gradually fade away and bear no fruit.—Lowell Fillmore.

DOCTOR McKENZIE HEADS SOUTHERN MEDICAL

Dr. J. P. Culpepper, Jr., of Hattiesburg, Mississippi, was named president elect of the Southern Medical Association at its 49th annual meeting in Houston, Texas, in November. Dr. W. K. West of Oklahoma City, Oklahoma, was elected first vice president, and Dr. Denton Kerr of Houston, Texas, second vice president.

Dr. R. L. Sanders of Memphis, Tennessee, president of the Association, presided at the general sessions which attracted more than 2,500 physicians and an overall attendance of more than 5,500 persons. The first general session was highlighted by an address by Dr. Francis P. Gaines of Lexington, Virginia, president of Washington and Lee University.

Dr. W. Raymond McKenzie of Baltimore, Maryland, was installed as the new president at a dinner meeting of the group. Mr. C. P. Loranz of Birmingham, Alabama, professional relations counselor of the Association, was presented with a "Golden Anniversary Key" in recognition of his 43 years of loyal and efficient service to the Association.

Mrs. Louis K. Hundley of Pine Bluff, Arkansas, president of the Woman's Auxiliary to the Southern Medical Association, presided over the 31st annual meeting of that group, held conjointly with the meeting of Southern Medical. Mrs. John J. O'Connell of St. Louis, Missouri, was installed as the new president.

The Association's "Golden Anniversary" meeting will be held in Washington, D. C., Nov. 12-15, 1956. The Association will meet conjointly with the Medical Society of the District of Columbia.

DOCTOR LONDON ELECTED TO AM. ACAD. PED.

Dr. Richard L. London who is serving as chief pediatrician at Keesler Air Hospital in Mississippi, has been elected a Fellow of the American Academy of Pediatrics. He had previously been certified by the American Board of Pediatrics.

DR. JAMES L. WADE NAMED PARLIAMENTARIAN

Dr. James L. Wade of Parkersburg has been named parlimentarian of the West Virginia State Medical Association for the year 1956. The appointment was made by Dr. Athey R. Lutz, also of Parkersburg, who will on January 1 assume his duties as president of the West Virginia State Medical Association.

REAL MEDICAL BROTHER ACT

Two brothers have just completed terms as president of component medical societies in West Virginia, serving simultaneously during 1955.

Dr. A. Kyle Bush of Philippi has served as president of the Barbour-Randolph-Tucker Medical Society, and his brother, Dr. Ivan H. Bush, Jr., of Oak Hill, as president of the Fayette County Medical Society.

Dr. Donald R. Roberts of Elkins, who has served for several years as secretary of B-R-T, succeeds Dr. A. Kyle Bush as president of his Society. Dr. R. R. Boone of Montgomery succeeds Dr. Ivan H. Bush, Jr. as president of the Fayette Society.

WINTER MEETING OF MLB

The regular winter meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston, January 9-11, 1956, for the purpose of examining applicants to practice medicine in West Virginia.

DR. WILL E. NEAL TO RECEIVE CITATION

The Incentive Awards Committee of the International Cooperation Administration has cited Dr. Will E. Neal of Huntington, former member of Congress from the Fourth Congressional District, for excellence of service as a special consultant in the matter of providing health facilities for American personnel in ICA installations in Asia.

In a letter to Doctor Neal, written by John H. Hollister, Director of the ICA, he was told that he had been recommended for special commendation for the notable contribution made by him to the morale of the agency staff at the Nepal Operations Mission "through your medical competence and effective personality."

DOCTOR SPURLOCK HONORED BY AM. ACAD. PED.

Dr. Mark Sutphin Spurlock of Logan has been elected to fellowship in the American Academy of Pediatrics.

HAWAII MEDICAL TO OBSERVE CENTENNIAL

The centennial meeting of the Hawaii Medical Association will be held in Honolulu, April 22-29, 1956.

Scientific programs will be presented on the first two mornings of the meeting, and a spectacular centennial celebration pageant has been arranged for the evening of the second day.

The meeting follows the annual meeting of the American College of Physicians in Los Angeles, California, April 16-20.

Full information concerning the meeting in Hawaii may be obtained by writing Hawaii Medical Association, 510 South Beretania Street, Honolulu 13, Hawaii.

APPOINTMENTS AT MORRIS MEMORIAL

Dr. Harlan A. Stiles of Huntington has been named medical director of rehabilitation services at Morris Memorial Hospital in Milton. Mr. John R. Fraser of Charleston has accepted appointment as director of social services.

CHARLESTON PHYSICIAN CERTIFIED

Dr. Max Koenigsberg of Charleston, a Fellow of the American College of Cardiology, has been certified by the American Board of Internal Medicine.

C. & O. SURGEONS ELECT

Dr. Laurence M. Quill of Newport, Kentucky, was elected president of the Association of Surgeons of the Chesapeake and Ohio Railway at the recent meeting of that group at the Greenbrier in White Sulphur Springs. Dr. J. Earl McIntyre of Lansing, Michigan, was named vice president of the group.

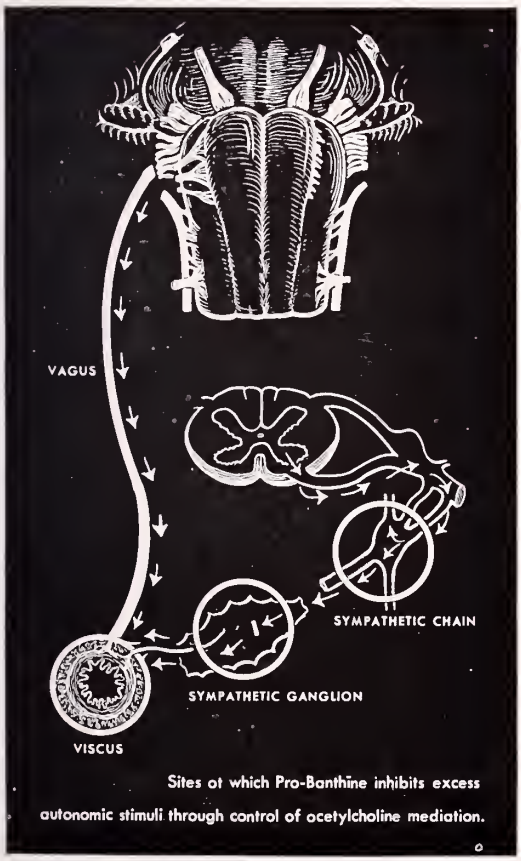
PRO-BANTHINE® FOR ANTICHOLINERGIC ACTION

A Combined Neuro-Effector and Ganglion Inhibitor

Pro-Banthine consistently controls gastrointestinal hypermotility and spasm and the attendant symptoms.

Pro-Banthine is an improved anticholinergic compound. Its unique pharmacologic properties are a decided advance in the control of the most common symptoms of smooth muscle spasm in all segments of the gastrointestinal tract.

By controlling excess motility of the gastrointestinal tract, Pro-Banthine has found wide use[1] in the treatment of peptic ulcer, functional diarrheas, regional enteritis and ulcerative colitis. It is also valuable in the treatment of pylorospasm and spasm of the sphincter of Oddi.



Sites of which Pro-Banthine inhibits excess autonomic stimuli through control of acetylcholine mediation.

Roback and Beal[2] found that Pro-Banthine orally was an "inhibitor of spontaneous and histamine-stimulated gastric secretion" which "resulted in marked and prolonged inhibition of the motility of the stomach, jejunum, and colon. . . ."

Therapy with Pro-Banthine is remarkably free from reactions associated with parasympathetic inhibition. Dryness of the mouth and blurred vision are much less common with Pro-Banthine than with other potent anticholinergic agents.

In Roback and Beal's[2] series "Side effects were almost entirely absent in single doses of 30 or 40 mg. . . ."

Pro-Banthine (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is available in three dosage forms: sugar-coated tablets of 15 mg.; sugar-coated tablets of 15 mg. of Pro-Banthine with 15 mg. of phenobarbital, for use when anxiety and tension are complicating factors; ampuls of 30 mg., for more rapid effects and in instances when oral medication is impractical or impossible.

For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

1. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology 25:416 (Nov.) 1953.
2. Roback, R. A., and Beal, J. M.: Gastroenterology 25:24 (Sept.) 1953.

Clinical trial packages of Pro-Banthine and the new booklet, "Case Histories of Anticholinergic Action," are available on request to . . .

SEARLE

P. O. Box 5110-B-32
Chicago 80, Illinois

BOSTON ECHOES*

The ninth annual clinical session of the American Medical Association, which was held in Boston, Nov. 29-Dec. 2, 1955, drew an overall attendance of 8,637 persons, including 3,779 physicians.

The West Virginia State Medical Association was represented by its two delegates, Dr. Walter E. Vest of Huntington, and Dr. Frank J. Holroyd of Princeton, who attended all sessions of the AMA House of Delegates.

Membership

Dr. George F. Lull, secretary-general manager of the American Medical Association, reported an increase in membership during the year ending June 30, 1955, of 6,567 for a total of 155,878. The income from membership dues for the first six months of 1955 increased $132,040, the total being $3,014,255. Only two states and two dependencies showed losses in membership, in each instance small, ranging from 1 to 54 and amounting to a total of only 87.

Opening Session

Dr. Elmer Hess, A.M.A. President, told the opening session of the House that complacency should be regarded as the medical profession's greatest enemy. Although grood progress is being made in informing the public and the profession of the objectives of organized medicine, he said, educational efforts must be intensified and the list of physicians' tangible accomplishments for the health benefit of the public must be increased.

Joint Commission on Mental Health

Dr. Leo H. Bartemeier, Chairman of the A.M.A. Council on Mental Health, told the House that the new Joint Commission on Mental Illness and Health will be ready to embark on its nation-wide study and re-evaluation of the human and economic problems of mental illness after the first of the year. Dr. Bartemeier, who is Chairman of the Board of Trustees of the Commission, appeared before the House to explain the functions of the new commission, which was organized to carry out the Mental Health Study Act passed by Congress earlier this year without a dissenting vote in either house.

Medical Education Contributions

The A.M.A. Board of Trustees announced that it again has appropriated $100,000 to be contributed to the American Medical Education Foundation for the support of medical schools. The California Medical Association presented a $25,000 check to the AMEF, and the Utah State Medical Society announced an $11,000 contribution.

General Practitioner of the Year

Named as the 1955 General Practitioner of the Year was Dr. E. Roger Samuel of Mount Carmel, Pa., whose selection by a special committee of the Board of Trustees was announced at the opening session on Tuesday. Dr. Samuel, a former member of the House of Delegates and a general practitioner for 35 years, received the medal and citation presented annually for community service by a family doctor.

Publications

The Quarterly Cumulative Index Medicus publication, which was so long delayed by World War II, is catching up and expects to be on a current basis by 1957. The fifth edition of Standard Nomenclature of Diseases and Operations will probably be off the press late next year. The nineteenth edition of the Directory will be available early in 1956.

The operational framework of Today's Health, the only journal for the laity published by the American Medical Association, has been drastically revised. The subscription list is growing, the average net paid circulation for the first six months of 1955 being 361,598. The deficit under which it has labored is being cut materially and promises soon to be eliminated entirely. One editor recently described Today's Health as "the most quoted magazine in the world." Its articles are regularly reprinted or abstracted by publications in the United States and England, and often by periodicals elsewhere in the world. The material is also abstracted for use by the information services of the U. S. Department of State. The Dell Publishing Company will soon bring out a collection of articles from Today's Health in book form which will be offered for sale throughout the country.

State Journal Advertising Bureau

The State Journal Advertising Bureau, which was organized in 1913 as the Cooperative Medical Advertising Bureau, has been operating under the auspices of the Board of Trustees. In recent years, the Bureau has become increasingly autonomous. The discontinuance of the seal of acceptance and the exigencies of space influenced the Advisory Committee, at the November meeting of the Editors and Secretaries in Chicago, to request the Board of Trustees to submit to the House of Delegates a resolution to sever legal connection between the Bureau and the A.M.A.

This request was granted by the Trustees and approved by the House of Delegates. Ample headquarters space has been secured near the AMA building. There will be no change in administrative personnel and close liaison will be maintained with the A.M.A., especially the Bureau of Pharmacy and Chemistry. The S.J.A.B. solicits advertising for 33 State Journals, official publications of 37 State Medical Societies. The gross billing for 1955 is expected to exceed $1 million. The cost of operation for 1954 was 7.7%, which closely approximates the cost percentage for recent years.

Medical Education and Research

The Texas delegation presented a resolution condemning S1323 which would appropriate $250 million for a five year matching program for the construction of medical education and research facilities. Approval would have reversed the former attitude of the American Medical Association which has approved of "single

*Ninth Annual Clinical Session of the American Medical Association, Boston, Nov. 29-Dec. 2, 1955.

grants" for the construction of medical school facilities. The Reference Committee on Medical Education and Hospitals recommended disapproval of the Texas resolution. The Committee report stimulated long and vigorous debate on the floor but the final vote sustained the recommendation of the Reference Committee and left the current policy of approving single grants to medical schools for construction unchanged.

Resolutions from the Texas and Indiana delegations, commending the recent action of the National Foundation for Infantile Paralysis in limiting its work to research and treatment of the disabled polio patients, were approved, and the distribution of free Salk vaccine by voluntary and governmental health agencies, except to those unable to pay, was condemned.

History of Medicine

The request for a section on the history of medicine in the Scientific Assembly presented at the June, 1955, session was referred to the Board of Trustees for consideration. It was recommended that no such section be formed, but that time be granted for a session on the History of Medicine in the section on Miscellaneous Topics from time to time. The House approved this recommendation.

Social Security Amendments

The House gave due consideration to the Social Security amendments contained in HR 7225. This measure was first rushed through the House Ways and Means Committee in brief executive session without public hearings. It was passed by the House of Representatives by a roll call vote under a procedure suspending the rules, barring amendments, limiting debate to forty minutes and requiring a two-thirds vote for approval. The Senate Finance Committee, noting the appeals from many sources for public hearings, postponed action until the second session of the 84th Congress, at which time extensive public hearings will be held.

HR 7225 would, among other things, lower the Social Security retirement age of women from 65 to 62; expand compulsory Social Security coverage to all self-employed professional groups except physicians, and raise Social Security taxes over and above the increases already scheduled for the next twenty years.

From the viewpoint of medicine, the most controversial parts of the bill are the sections which would extend O.A.S.I. benefits for permanently and totally disabled children beyond the age of 18, and make permanently and totally disabled persons eligible to receive their Social Security retirement benefits at age 50 instead of 65. Under the provisions of the bill, physicians, both in determining total and permanent disability and in providing the rehabilitation services required by the legislation before the cash benefit is paid, presumably would be under federal regulation and would be paid for their professional services, at least in part, out of federal funds.

By providing a disability benefit as a right through O.A.S.I., the bill would subject physicians to Federal regulations in making disability determinations and rendering rehabilitation services. Moreover, constant pressures from government administrators and patients seeking disability certification would continually harass the individual physician. Furthermore, the psychological impact on a large percentage of claimants for certification would be disastrous in that it would stamp as hopeless many who might be rehabilitated by adjustment to a new and useful way of life.

Inasmuch as this is in a sense emergency legislation, the House of Delegates adopted a strong resolution asking for thorough study for the entire Social Security system before making further changes in the law as it now stands on the statute books. It recommended that such a study be made by an impartial commission, and to include the financial soundness of the present law, the proposed amendments, and the possible back-breaking tax burden it may impose upon our children and our children's children.

AMA Policy Restated

The resolution stated the following policy:

"That the American Medical Association reiterate in the strongest possible terms its determination to resist any encroachment upon the American system of medical practice which would be detrimental to our patients, the American people;

"That the American Medical Association urge and support the creation of a well-qualified commission, either governmental or private or both, to make a thorough, objective and impartial study of the economic, social and political impact of Social Security, both medical and otherwise, and that the facts developed by such a study should be the sole basis for objective non-political improvements to the Social Security Act, for the benefit of all the American people;

"That the American Medical Association pledges its wholehearted cooperation in such a study of Social Security in the United States, and will devote its best efforts to procuring and providing full information on the medical aspects of disability, rehabilitation and medical care of the disabled; and

"That copies of this resolution be transmitted to the President of the United States, to all members of the Cabinet, to all members of Congress, and to all constituent state medical associations."

OASI Coverage of Physicians

In another action on social security, the House passed the following resolution designed to determine the exact attitude of physicians toward compulsory or voluntary coverage under the social security system:

"Whereas, Misunderstanding exists about the position of the medical profession on the question of the inclusion of physicians in the Old Age and Survivors Insurance provisions of the Social Security Act; therefore be it

"Resolved, That the House of Delegates of the American Medical Association recommend to state societies that they poll their entire membership on this question and that the results of the poll be transmitted to the Board of Trustees of the American Medical Association as soon as possible."

Report on Medical Practices

The House passed a substitute resolution offered by the Reference Committee on Insurance and Medical Service to implement the findings and recommendations of the Committee on Medical Practices (Truman Committee), which studied the basic causes leading to

certain unethical practices and unfavorable publicity. The resolution, adopted with the proviso that it is subject to review by legal counsel, includes the following points:

"That a Continuing Committee on Medical Practice be created in the American Medical Association to conduct a study of the relative value of diagnostic, medical and surgical services and to report its findings and recommendations to this House in the same manner as is now followed by other committees and councils of the Association;

"That this committee shall consist of five members of the House appointed by the Speaker, three of whom shall be general practitioners; . . .

"That this committee be directed to utilize all possible means to stimulate the formation of a department of general practice in each medical school;

"That the American Medical Association approve of the medical school teaching programs which afford the medical student opportunity for experience in the general practice of medicine;

"That the representatives of the American Medical Association on the Joint Commission on Accreditation of Hospitals be instructed to stimulate action by that body leading to the warning, provisional accreditation or removal of accreditation of community or general hospitals which exclude or arbitrarily restrict hospital privileges for generalists as a class regardless of their individual professional competence, after appeal to the Commission by the County Medical Society concerned;

"That this comittee cooperate in every way and assist the Public Relations Department of the American Medical Association to present a program of public education designed to bring about a better understanding of all fields of medical practice; and

"That this committee use its full influence to discourage any arbitrary restrictions by hospitals against general practitioners as groups or as individuals."

Suggestions by Board of Trustees

In a complementary action on the same subject, the House also approved a supplementary report of the Board of Trustees which included the following suggestions:

1. All non-surgical groups should be asked for their suggestions and cooperation in carrying out a public education program on the value of diagnostic and medical work.

2. The various specialty boards should be encouraged to reappraise the practice restrictions on their board diplomates.

3. The American Medical Association should continue to discourage arbitrary restrictions by hospitals against general practitioners.

4. Organized medicine is "ready, willing and able to solve satisfactorily its own problems, and such assurance should be given to the American Hospital Association or any other group concerning itself with such problems."

Guides for Grievance Committees

The House approved the report of the Committee to Recommend Guides for Grievance or Mediation Committees and commended the committee for "their superb approach to this problem." Purpose of the guides is "to promote general uniformity of organization and function of grievance committees—and better understanding of their purposes—without interfering with the inherent autonomy of constituent medical associations. Constituent associations are therefore urged to implement these guides without delay."

The Reference Committee on Miscellaneous Business made the following recommendations which were adopted by the House:

"Your reference committee desires to support the recommendation that a brochure be published promptly which will outline the recommendations regarding the activities of Grievance Committees and that this brochure be given wide distribution.

"We recommend also that there be an appendix to this brochure in which additional, practical suggestions shall be included.

"We desire also to support the contention that there should be no equivocation concerning the naming of such committees and we recommend that a uniform policy be adopted in which they are called frankly 'Grievance Committees.'

"Finally, your reference committee recommends that because of the many variables, including the laws of the several states, which may influence the operations or procedures followed by State Grievance Committees, legal counsel shall be sought at the local level within the states."

Medical Ethics

A proposed revision of the "Principles of Medical Ethics and Precepts of Manners of the American Medical Association" was submitted to the House by the Council on Constitution and By-Laws. The following reference committee suggestion was adopted by the House:

"In discussion it became evident that there was need for wide distribution of these principles and careful study of the proposed changes not only by Reference Committee but also by all members of the House and in fact all members of the Association. It seemed desirable also that the two Councils (Council on Constitution and By-Laws and the Judicial Council) should meet in joint session to consider these proposals. Your Reference Committee therefore recommends that these proposals be tabled for further consideration at the next annual session of the House to be held in Chicago in June, 1956.

"In the meantime, it is recommended that these proposals in their entirety be widely publicized and that consideration be given to publishing, in the Journal of the American Medical Association and also in state medical journals, these proposed changes in the Principles. It is also recommended that consideration be given to the mailing of copies to each member of the Association. Finally, your Reference Committee recommends that prior to the meeting in Chicago next June the Council on Constitution and By-Laws and the Judicial Council meet in joint session to consider these proposed changes."

In another action on revisions of medical ethics, the House also approved a plan requiring that all resolutions dealing with changes in the Principles of Medical Ethics shall be considered over a period between sessions of the House before final adoption.

The Texas delegation presented a resolution thanking Sears, Roebuck and Company and the Sears Roebuck Foundation for their plan to aid in the establishment of medical practice units, and the resolution was unanimously approved.

Miscellaneous

Among many other actions on a variety of other subjects the House of Delegates also:

Recommended that the Board of Trustees give consideration to a dues increase for all Association members, with the increase designated for contribution to the American Medical Education Foundation;

Adopted a resolution on the practice of pathology declaring opposition to "the division of any branch of medical practice into so-called technical and professional services";

Approved the recommendation of the Board of Trustees that the AMA oppose the licensure of "clinical psychologists."

Approved appointment of an A.M.A. committee to study the prevention of highway accidents;

Commended the Women's Auxiliary of the A.M.A. for its financial contributions in support of medical education and requested the Auxiliary to continue its active efforts;

Congratulated the physicians of Iowa for their efforts in supporting the position that the practice of medicine is the right of the individual; and

Approved the selection of Minneapolis for the 1958 Clinical Meeting and Chicago for the 1960 Annual Meeting.

DOCTORS IN THE SERVICE

Dr. James T. Spencer, Jr., of Charleston, who has been serving with the U. S. Navy since December, 1953, has been released with the rank of Lieutenant Commander. He has been attached to the U. S. Naval Hospital at Yokosuka, Japan. On January 1, 1956, he will resume the practice of his specialty of peroral endoscopy and otolaryngology in Charleston, with offices at 1112 Virginia Street, East.

WVU SCHOOL OF MEDICINE APPOINTMENT

Dr. Hugh Alexander Lindsay of London, Ontario, has accepted appointment as assistant professor of physiology at West Virginia University School of Medicine.

Doctor Lindsay holds degrees of Bachelor of Science and Master of Science from the University of Western Ontario, and a Ph. D. degree from the University of Toronto.

A member of the Toronto Biochemical and Biophysical Society, he formerly served as a member of the faculty of the University of Toronto.

STATE HEALTH CONFERENCE, JUNE 7-8

The 32nd annual State Health Conference will be held at the Daniel Boone Hotel in Charleston, June 7-8, 1956.

The 5th annual Health Education Workshop, sponsored by the State Department of Health, will be held the day preceding the opening of the conference.

TB CASE LOADS HIGHER

All physicians should be alerted to the fact that case register loads of active tuberculosis are higher now than at any time in the last few years. With the improved therapy of tuberculosis, case loads obviously will continue to be heavy for some time. Tuberculosis, therefore, is far from being a conquered disease. Physicians should regard it as a duty, both in their practice and in their public utterances, to push for adequate and complete eradication of tuberculosis with whatever tools are feasible and available.—Michael L. Furcolow, M. D., in Journal-Lancet.

SCIENCE AND THE HUMAN TOUCH

Two outstanding features of medicine in the mid-century compared to medicine at the start of the century are (a) that it is now a science and was then an art, and (b) the turn-of-the-century physician was a beloved, universally respected and influential figure in the community, whereas now he is too often just another professional man if he is not, indeed, viewed with suspicion as being too prosperous and too hard to get hold of.

At first it might seem as if these events are unrelated. But on second thought one is forced to conclude that this is beyond a casual coincidence.

The doctor of 1905 learned to depend on his own senses because he lacked the exquisite and precise diagnostic instruments now available. He had to estimate blood pressure by feeling the radial artery, temperature by touching the cheek, and the possibility of diabetic coma by the odor of the breath. Thus there developed the skilled artistry of the medical practitioner which seems so unnecessary today.

These technics required direct physician-patient contact. Touching a fevered brow meant soothing a fevered brow. The intimate pressure on the wrist needed to estimate blood pressure established in a literal as well as a figurative sense a warm and friendly contact between doctor and patient.

The electrocardiogram is wonderful but it interposes a piece of machinery between physician and patient. So many diagnostic methods have been transferred to the anonymous laboratory technician and so many therapeutic technics have been delegated to nurses and "therapists" of various stripes that the physician is more like the operator of a switch board than he is like a medical attendant.

The famous photograph of the doctor gazing with tender thoughtfulness at a child on a sick-bed is distinctly dated. The doctor today wouldn't have time to sit and gaze. Anyway the child would be in a hospital, not at home, and a corps of technicians would have been swarming around him.

So the advance of medical science did impair the human touch in the doctor-patient relationship. The current passion for delegating more and more work to aides, technicians, secretaries, nurses, therapists and even receptionists will continue to interpose more barriers between doctor and patient. Will the replacement of the doctor's tender care by efficient therapeutic machinery save any more lives? One wonders.—Journal, Medical Society of New Jersey.

FORMULA FOR EMOTIONAL HEALTH

Men and women need more than medicine or surgery for emotional and physical health. Dr. Richard C. Cabot, a skilled physician, prescribed four guiding principles, work, play, love and worship as a formula for emotional health during the entire span of life. Real life, if it is to mean a nourishing, sustaining and developing existence, demands work, play, love and so much of the material requirements of existence as to make them possible. Everyone should be, and desires to be, emotionally and physically healthy.—Edwin F. Hirsch, M. D., in Illinois Medical Journal.

The Month In Washington*

The second session of the eighty-fourth Congress is under way, and in medical legislation, as in all other fields, this promises to be much livelier than last year's deliberations.

For one thing, neither the Republican administration nor the Democratic party, which is in control on Capitol Hill, got anywhere near as much as it wanted last year in medical legislation.

For another thing, and something that shouldn't be lost sight of at any time, both parties this year will be legislating with one eye cocked toward next November, when the voters make a choice between the two parties. Try as they might to pass laws for the good of all people, neither party can afford to ignore the political realities of the situation: each will want to take credit for any legislation with popular appeal, or where that is impossible, at least to see that the other party doesn't get the credit.

In front of this political mosaic, these are some of the medically-important issues that will be fought out in Senate and House:

(1) Federal guarantee of mortgages on health facilities. This has been on the Congressional calendar for two years. It was pushed hard in 1954, and given some consideration in 1955. It would mean that the federal government would underwrite mortgages for hospitals, clinics and nursing homes, under certain conditions, thereby allowing some sponsors to obtain loans they couldn't otherwise get, or to obtain them on longer terms and with lower interest.

(2) Federal grants for research facilities. Under this plan, approved last session by the Senate, the U. S. would make outright grants to laboratories, medical schools and clinics for building facilities for research in specific diseases, such as cancer and heart disease.

(3) Federal aid to medical education. This perennial project probably is closer to Congressional enactment now than ever before. The most popular bill is one restricting the federal role to grants for building and equipment, with a financial incentive held out to those schools willing to increase their enrollment. This bill may be tied in with some other grants bill, such as the one for research.

(4) Salk vaccine. Legislation authorizing federal appropriations for the purchase of Salk poliomyelitis vaccine ($30 million for the current year) expires February 15, virtually insuring Congressional action of some sort before that date. One issue is whether the federal government should continue the grants; more controversial is the question of whether the U. S. should move in to control the allocation and distribution of the vaccine. Allocation and distribution now are handled under a voluntary program supervised by the U. S. Public Health Service.

(5) Increases in federal appropriations for medical research. Over the last few years, since the National Institutes of Health came of age, Congress repeatedly has increased research grants over the amounts the budget Bureau allowed Public Health Service to request. Indications are that this year the Budget Bureau may have to give way and allow important increases to be requested of Congress. Congress probably would want to add on its own special additions anyway, resulting in more money than ever before available for work on cancer, heart disease, mental illness, arthritis, blindness and the many other conditions.

(6) OASI-covered persons could receive payments beginning at age 50 if determined to be disabled. Under present law retirement payments for all are available at age 65. The bill containing this provision (H. R. 7225) passed the House last session by an overwhelming margin. It is now before the Senate Finance Committee, where the next phase of the legislative contest will be fought out in 1956.

The lop-sided House vote on disability payments may be discounted in part because of the parliamentary maneuvering by sponsors of the legislation. House members had only 40 minutes to debate this bill, and no opportunity for amendments. It was a case of accepting the whole bill, which contains a number of other social security liberalizations not of medical significance, or being politically damned as opposed to social security per se.

The American Medical Association maintains that the present expanding rehabilitation programs would be undermined by cash payments for disability, that the financial and other long-range aspects of the disability payments plan have not been thoroughly studied, and that the machinery for disability payments would inevitably project the federal government deeply into the medical care picture.

*From the Washington office of the American Medical Association.

GAVELS STILL NEEDED

Gavels seem to be growing in number; and certainly a blow with a gavel is much more dignified than a tap on the table with a fountain pen. But as a means of halting an ebullient speaker who has exceeded his alloted span, they do not seem to be effective unless the audience supports the chairman with vigorous hand-clapping—distinguishable from applause.

A common cause of getting into difficulties with a 15-minute comunication is that the first 10 minutes are devoted to other people's work, after which there are only 6, 7, or 8 for one's own. The very fact that the speaker has perfected what he has to say may undo him, for a slight slip in his polished phrases may make him repeat, or (worse still) explain with "What I meant to say is . . ."; and thus the whirligig of time overtakes him.

If a quarter of an hour is allowed it is fatal to try to fill the unforgiving 15 minutes with 900 seconds' worth of distance run. The only way in which to be sure of finishing on time is to prepare what one has to say to last 12 minutes, thus allowing 1 minute for turning to one's text to explain diagrams, etc., 1 minute for laughter, and 1 minute for applause.

When everybody does this, gavels can be made of ivory and revert to white elephants.—The Lancet.

WEST VIRGINIA STATE MEDICAL ASSOCIATION

ANNUAL ROSTER OF MEMBERS
(By Component Societies)
1956

BARBOUR-RANDOLPH-TUCKER

Berkley, Julius L. — Elkins
Bloomberg, M. H. — "
Bucher, Samuel — Harman
Burke, Donald M. — Elkins
Bush, A. Kyle — Philippi
Condry, R. J. — Elkins
Cronlund, R. W. — Philippi
*Cunningham, J. L. — Pickens
Duckwall, Vernon E. — Elkins
Golden, B. I. — "
Goodwin, T. M. — "
*Hamilton, E. M. — Belington
Harper, W. G. — Elkins
Hutton, E. E., Jr. — "
Jellinek, H. L. — "
Lenox, Cora C. — Philippi
Lenox, John E. — "
Leonard, C. L. — Elkins
Liggett, B. L. — Mill Creek
Lilienfeld, Semon M. — Parsons
Martel, D. A. — Elkins
Martin, Homer D. — Dailey
Martin, Joseph E., Jr. — Elkins
McDermott, F. J. — "
*Michael, Guy H. — Parsons
Michael, Guy H., Jr. — "
*Miller, J. L. — Thomas
*Montoney, Decatur — Elkins
*Moore, S. G. — Stephens City (Va.)
Moyers, Emmet D. — Widen
Murphy, Franklin B. — Philippi
Myers, E. E. — "
Myers, Hu C. — "
Myers, K. J. — "
Myers, K. J., Jr. — Nigeria, W. Africa
Nefflen, L. H. — Elkins
*Owens, H. K. — "
Poling, Evangeline M. — Philippi
Rector, Robt. R. — Elkins
Rittmeyer, John L. — Philippi
Roberts, Donald R. — Elkins
Sass, Raymond W. — "
Seltz, Herman — "
Snedegar, Paul D. — "
Stump, Michael M. — Philippi
Thompson, A. C. — Elkins
Wilbur, Oscar M., Jr. — "
Woodford, J. R. — Philippi
Woodford, T. L. — Belington
Woodward, Robt. D. — Elkins
*Wyatt, George — Dryfork

BOONE

*Barbour, W. L. — Whitesville
Glover, A. E. — Madison
Harless, W. F. — "
*Hunter, R. L. — Whitesville
Lewis, A. C. — Princess Anne (Md.)
Love, William C. — Saginaw (Mich.)
MacCallum, O. D. — Madison
Meek, Robert B. — Van
Miller, Irwin S. — Washington (D. C.)
*Pauley, D. F. — Jeffrey
Scott, J. M. — Madison
Seekford, Page H. — Prenter
Sizemore, Hiram, Jr. — Madison
Stoddard, Paul M. — Wharton
Sullivan, William K. — Ravenswood
Young, Ruth M. — Sharples

BROOKE

Booher, W. T. — Wellsburg
Hegner, H. L. — "
Megahan, C. R. — Follansbee
McGraw, Ralph — "
McMullen, J. P. — Wellsburg
*Palmer, J. B. — "
Wise, James E. — Follansbee

CABELL

Adams, Benjamin H. — Huntington
Amick, Frederick E. — "
Arrington, Robt. G. — "
*Baber, J. H. — "
Barrett, Robt. S. — "
Beard, H. E. — "
Beckner, W. F. — "
Biern, O. B. — "
Biern, Samuel, Jr. — "
Birt, W. A. — Milton
Blake, William B., Jr. — Huntington
Bobbitt, Ray M. — "
Booth, Frank M., Jr. — "
Boso, Clarence H. — "
Bourn, W. D. — Barboursville
Brandabur, J. J. — Huntington
Bray, Wm. E., Jr. — "
Brown, B. F. — "
Brown, F. A. — "
Brown, J. R. — "
Burdette, M. G. — "
Burns, Rowland H. — "
Campbell, O. C. — Hamlin
Carr, Joel F. — Huntington
Carter, J. Marshall — "
Chambers, H. D. — "
Chambers, Joseph E. — "
Christian, Leo E. — "
Clark, D. Sheffer — Ceredo
Clay, C. Stafford — Huntington
Coffey, Francis L. — "
Conaty, Thomas J. — "
Cook, J. R. — "
*Crews, A. W. — "
Crews, Howard R. — "
Crissey, Ronald E. — "
Cronin, D. J. — "
Cummings, M. H., Jr. — "
Curry, R. H. — Barboursville
Daniels, W. F. — Huntington
David, Kirk J. — "
Davis, H. W. — "
Dennison, Charles W. — "
Dennison, Robt. R. — "
Dobbs, Lee F. — "
Duncan, C. S. — "
Eder, Gerald J. — "
Esposito, Albert C. — "
Evans, Edward J. — "
Farrell, Joseph M. — "
Folsom, T. G. — "
Ford, C. P. S. — "
Ford, J. C. — Huntington
Gang, L. B. — "
Genge, Cole D. — "
Gerlach, E. B. — "
*Guthrie, J. A. — "
Guthrie, W. W. — "
Hagan, Charles H., Jr. — "
Hamilton, O. L. — "
Harwood, I. R. — "
Hatfield, H. D. — "
Haught, David A. — "
*Hawes, C. M. — Washington (N. C.)
Hayman, J. S. — Huntington
Heckman, James A. — "
Hibbard, R. W. — "
Hirschman, I. I. — "
Hoback, Florence K. — "
Hodges, F. C. — "
Hoffman, C. A. — "
Holbrook, Thomas J. — "
Hopkins, S. M. — "
Hubbard, J. E. — "
Humphrey, E. J., Jr. — "
*Hunter, W. B. — Coral Gables (Fla.)
Hutchison, J. L. — Huntington
Irons, Wm. E. — "
Jarrell, Chas. R. — "
John, Winfield C. — "
*Johnson, G. D. — "
Jones, A. S. — "
Kagan, Harold N. — "
Kappes, W. C. — "
Ketchum, Dorsey P. — "
Klein, H. S. — "
*Klumpp, James S. — "
Kopp, William J. — "
Leckie, Jack — "
Levy, Fritz — "
†London, Richard L. — "
Lusher, H. V. — "
MacCracken, Wm. B. — "
Mackey, W. K. — "
Marple, W. K. — "
Martin, M. Bruce — "
Martin, W. B. — "
Matthews, W. E. — "
McClellan, E. E. — "
McClellan, G. O. — West Hamlin
McFarland, T. C. — Huntington
McGehee, M. W. — "
McGinnis, Lyle B. — "
McKay, Chas. E., Jr. — "
McLin, Thos. G. — "
Mills, Woodrow W. — Kenova
Moore, L. J. — Huntington
*Moore, M. B. — "
*Moore, T. W. — "
Morris, John F. — "
Morrison, G. C. — "
Mullens, H. S. — Kenova
*Neal, W. E. — Huntington
Neal, W. L. — "
Owen, Thelma V. — "
Parsons, John R. — "
Parsons, W. J. — "
Peck, Frank M. — "
Plymale, Clarence H. — "
Polan, Charles G. — "
Polan, Charles M. — "
Pollock, Bruce H. — "

---

* Honorary Member
† In Military Service

Porter, W. J. — Wayne
Powell, Lucius L. — Huntington
Ratcliff, G. A. — "
Reynolds, Charles O. — "
*Reynolds, Otis E. — "
Richmond, L. C. — Milton
Richmond, L. C., Jr. — "
Ricketts, J. E. — Huntington
*Rife, J. W. — Kenova
Robbins, Robt. S. — Pittsburgh (Pa.)
Rowley, W. N. — Huntington
Schnitt, Sidney — "
Scott, F. A. — "
*Shafer, E. E. — "
Sims, Thomas C. — "
*Sloan, R. M. — "
Smith, W. P. — "
Staats, Roydice — "
Stemmermann, Marguerite — "
Stevens, Richard J. — "
Stevens, Sarah L. C. — "
Stiles, H. A. — "
Stone, John E. — "
*Stotts, Roscoe — Kenova
Strange, W. W. — Huntington
Swann, W. C. — "
*Taylor, C. T. — "
Taylor, I. Ewen — "
*Taylor, I. W. — "
Terlizzi, C. L. — "
Thomas, M. J. — "
Thomas, Myrtle Marie — "
Van Metre, R. S. — "
Vest, Walter E. — "
Walden, George W. — West Hamlin
Walker, S. P. — Huntington
Wayburn, Gates J. — "
Werthammer, Siegfried — "
White, M. Lawrence, Jr. — "
Wilkinson, Walter R. — "
Willis, C. G. — "
Woelfel, George F. — "
Wright, C. B. — "
Wulfman, R. C. — "
Wylie, R. M. — "
Yates, Walter K. — "

CENTRAL WEST VIRGINIA

*Allen, S. P. — Webster Springs
Almond, Harold D. — Buckhannon
Ashworth, A. L. — Webster Springs
Ashworth, Wease L. — Buckhannon
Brown, E. S. — Summersville
Brown, J. David — Craigsville
*Burton, S. H. — Weston
Chamberlain, R. L. — Buckhannon
*Cofer, J. M. — Bergoo
*Cooper, E. R. — Weston
*Corder, G. C. — Jane Lew
Corder, O. W. — Weston
Davisson, C. R. — "
*Dodrill, J. B. — Webster Springs
Eakle, J. C. — Sutton
*Eakle, O. O. — "
Echols, J. E. — Richwood
*Echols, W. E. — "
Fidler, A. K. — Beaufort (S. C.)
Fisher, E. L. — Gassaway
Fisher, R. M. — Weston
*Forman, Worth B. — Buckhannon
Freeman, Emma Jane — Adrian
Glasscock, James R. — Richwood
Hartman, Ira F. — Buckhannon
Hill, G. D. — Camden-on-Gauley
Hoylman, George T. — Gassaway
*Hudkins, O. L. — Weston
Huffman, J. C. — Buckhannon
Huffman, W. W. — Gassaway
Hunter, E. H. — Webster Springs
Hutchinson, B. M. — Sutton
*King, W. P. — Weston
Leef, J. L. — Richwood
*McClung, James — "
McClung, James E. — "
McClung, W. D. — "
Milburn, A. A. — Weston
Norton, Richard C. — New Britain (Conn.)
Page, B. L. — Buckhannon
Peck, James W. — Summersville
Pertz, Eldon H. — Weston
Powell, Chas. W. — N. Little Rock (Ark.)
Riley, Walter J. — Weston
*Rohr, C. B. — Alum Bridge
*Rusmisell, J. A. — Buckhannon
Rusmissell, J. A., Jr. — "
Snaith, Theresa O. — Weston
Snyder, Thomas M. — New Orleans (La.)
Stalnaker, Guy — Glenville
Strickland, L. N. — Summersville
Tait, H. Sinclair — Weston
Terrano, James V. — Richwood
Trinkle, E. A. — Weston
*Van Tromp, H. O. — French Creek
*Walker, Everett — Baltimore (Md.)

EASTERN PANHANDLE

Appleby, George S. — Martinsburg
Armentrout, A. W. — "
Bauer, Arthur S. — "
Bitner, E. H. — "
*Eagle, A. B. — "
Fogle, Everett S. — "
Fry, S. Oscar — Charles Town
Glenn, Marshall — "
Glover, V. L. — Martinsburg
Godlove, John C. — "
Haltom, Wm. L. — "
†Hamilton, F. A., Jr. — Shepherdstown
Harris, Floyd L. — "
Hendrix, N. B. — Martinsburg
Kilmer, John H. — "
Martin, G. O. — "
McCune, Wm. R. — "
McFetridge, S. Eliz. — Shepherdstown
McIntyre, Donald K. — Charles Town
Oates, Max — Martinsburg
Porterfield, M. H. — "
Power, C. G. — "
Pugh, George F., Jr. — "
Roberts, Lyle Jay — "
Shaw, D. J. — "
Sipple, Edward M. — Berkeley Springs
Talbott, R. B. — Martinsburg
*Tonkin, H. G. — Williamsport (Md.)
Van Metre, J. L. — Charles Town
Wallace, Wm. A. — Martinsburg
Wanger, Halvard — Shepherdstown
Warden, W. P. — Charles Town
Williams, L. Mildred — "
Zepp, E. Andrew — Martinsburg

FAYETTE

Bays, A. E. — Montgomery
Birckhead, R. S. — Gauley Bridge
Bittinger, W. P. — Summerlee
Boone, R. R., Jr. — Montgomery
Bush, Ivan H., Jr. — Oak Hill
Chambers, Joseph F. — Scarbro
Claiborne, W. L. — Montgomery
Cunningham, Donald E. — Gauley Bridge
Davis, W. B. — Rainelle
Frazier, Claude — Huntington
German, R. M., Jr. — Oak Hill
*Gordon, P. L. — Charleston
Hodges, G. G. — Mt. Hope
Hresan, M. G. — Fayetteville
Jarrett, J. N. — Oak Hill
Jones, E. E., Jr. — Mt. Hope
Ladewig, Peter P. — Montgomery
Laird, T. Kerr — "
Laird, Wm. R. — "
*Martin, H. C. — East Rainelle
Merriam, C. G. — Page
Nichols, Sam I. — Pitman (N. J.)
Nutter, E. V. — Gauley Bridge
Peck, R. DeWitt — Montgomery
Puckett, B. F. — Oak Hill
Stallard, C. W. — Montgomery
Stallard, C. W., Jr. — Alloy
Stucky, W. F., Jr. — Ansted
Thompson, J. B. — Oak Hill
Updike, R. A. — Montgomery
Watkins, Charles E. — Oak Hill

GREENBRIER VALLEY

Amick, Andrew E. — Lewisburg
Baker, James P. — White Sulphur Spgs.
Ballou, H. Charles — "
Cobb, E. T. — Ronceverte
Crumpacker, E. L. — "
Dilley, C. K. — Marlinton
Ferrell, A. D. — Lewisburg
Ferrell, R. M. — "
Foley, John M. — Frankford
Goyings, Ezra, Jr. — Ronceverte
*Gunning, H. D. — "
Hancock, H. H. — Union
Houck, C. L. — Lewisburg
Irvine, W. D. — "
Jackson, C. C. — East Rainelle
Klausman, W. A. — Rupert
Lanham, A. G. — Ronceverte
Leech, J. G. — Quinwood
*Lemon, C. W. — Lewisburg
Lemon, George L. — "
Lemon, W. E. — White Sulphur Spgs.
Lewis, Richard A. — Rainelle
Mamick, Stephen — Roanoke (Va.)
Martin, Harvey A. — White Sulphur Spgs.
Matney, T. G. — Peterstown
Morhous, E. J. — White Sulphur Spgs.
Myles, W. E. — "
Nunley, Wallace C. — Rupert
Oden, Philip W. — Ronceverte
Pittman, Robt. R. — Marlinton
*Preston, D. G. — Lewisburg
Prillaman, P. E. — Ronceverte
Todd, Lee B. — Quinwood

HANCOCK

Bogarad, M. — Weirton
Brand, J. M. — Chester
Brown, Geo. H. — Weirton
Capito, Emil — "
Conrad, Roy G. — "
Fisher, J. E. — New Cumberland
Flood, R. E. — Cove Sta., Weirton
*Focer, R. L. — Weirton
Greco, Ray S. — Cove Sta., Weirton
Hall, J. E. — Newell
Justice, E. L. — Cove Sta., Weirton
Kizinski, M. — Weirton
Kosanovic, F. — Cove Sta., Weirton
Mesaros, Paul — Weirton
Naymick, George — "
Phillips, Arthur M. — "
Pugh, David S. — Chester
Rigas, George S. — Weirton
Rose, Richard A. — "
Schwartz, L. O. — "
Smith, G. C. — Durham (N. C.)
Thompson, J. L. — Weirton
Weller, Eli J. — "
*Whitaker, L. A. — "
Whitaker, Theo. R. — Cove Sta., Weirton
Yurko, A. A. — "
Yurko, Leonard E. — "

---

* Honorary Member
† In Military Service

HARRISON

Allen, E. Ross — Clarksburg
Allman, W. H. — "
Brake, B. S. — "
Brannon, John V. — Bridgeport
Brennan, J. T. — Clarksburg
Chandler, F. C. — Bridgeport
Coffindaffer, C. C. — Clarksburg
Coffindaffer, R. S. — Shinnston
*Cruikshank, D. P. — Lumberport
Davis, W. M. — Bridgeport
Dillinger, Karl A. — Clarksburg
Evans, George F. — "
Farrell, Marcus E. — "
Fischer, Herman — "
Fisher, C. F. — "
Genin, F. G. — "
Gilman, Joseph — "
Gocke, John T. — "
Gocke, T. V. — "
*Gocke, W. T. — "
Gordon, P. E. — "
Greer, C. C. — "
Hall, Sobisca S. — "
Hanifan, R. K. — "
Harrison, C. S. — "
*Hill, E. A. — LaHabra (Cal.)
Humphries, R. T. — Clarksburg
*Jackson, Kenna — "
Jarvis, C. C. — "
*Kelly, A. O. — Wallace
Kerr, John C. — Clarksburg
*Ladwig, O. W. — Wilsonburg
Langfitt, F. V. — Clarksburg
Linger, E. L. — "
Linger, Harry T. — "
Linger, R. B. — "
Lough, D. H. — "
Lynch, Richard V., Jr. — "
Marks, A. Robert — "
McClung, James R. — "
McCuskey, John F. — "
Mills, L. H. — "
Muldoon, Frank M. — Salem
Neal, L. E. — Clarksburg
*Ogden, C. R. — "
Page, J. E. — "
Pickens, J. Keith — "
Pletcher, R. O. — Lost Creek
Ralston, James G. — Clarksburg
Randolph, E. B. — "
Repass, James C. — Lumberport
Richards, Theo. E. — Bridgeport
Ritter, E. E. — Salem
Robinson, David M. — Bridgeport
Rose, George W. — Clarksburg
Scott, Charles N. — West Union
Simmons, L. Dale — Clarksburg
*Slater, C. N. — "
Snide, Rollin F. — "
Spelsburg, W. W. — Clarksburg
Strother, W. L. — Salem
†Thompson, James A. — Clarksburg
Thrush, Lawrence B. — "
Tucker, E. D. — Nutter Fort
Weaver, Andrew J. — Clarksburg
Whisler, H. A. — "
White, R. S. — "
Wilkinson, B. W. — "
Williams, J. F., Jr. — "
*Willis, C. A. — Bridgeport
Wilson, J. D. H. — Clarksburg
Wilson, J. E. — "
Wilson, J. E., Jr. — "
Wilson, R. S. — "
Wornal, L. S. — Shinnston
Wright, E. B. — Clarksburg
Zinn, L. D. — "

* Honorary Member
† In Military Service

KANAWHA

Abplanalp, A. A. — Charleston
Aliff, J. Paul — "
†Allebach, N. W. — "
Allen, Joel — "
Anderson, R. L. — "
Angell, H. W. — "
Bachwitt, David — So. Charleston
Baer, Robert E. — "
Bailey, Hugh A. — Charleston
Bailey, R. W. — Hurricane
Baldock, H. E. — Charleston
Banks, J. Bankhead — "
Barber, D. N. — "
Barber, T. M. — "
Basman, Jack — "
Beddow, H. M. — "
Bergman, John H. — "
Best, Earl M., Jr. — So. Charleston
Bivens, S. L. — Charleston
Black, W. P. — "
Blagg, B. V. — So. Charleston
Blagg, John S. — "
Blake, Thomas H. — St. Albans
Blundon, Kenneth E. — Charleston
*Bobbitt, O. H. — "
Bock, Robert C. — "
Boggs, Hunter — "
Boiarsky, Julius L. — "
Bonar, M. L. — "
Bowyer, A. B. — "
Bradford, Bert, Jr. — "
Brady, A. Spates, Jr. — "
Breisacher, Carl F. — "
Brick, John P. — "
Bsharah, Norman — "
Buff,, I. E. — "
*Bull, S. W. — Spencer
Callender, Geo. R., Jr. — Charleston
Calvert, R. L. — Spencer
*Cannaday, J. E. — Charleston
Capito, G. B. — "
Carney, Harry A. — "
Carper, Marshall J. — "
Caudill, Carrel M. — "
Cavender, Jean P. — "
Cavender, Jerill D. — "
Chambers, John T. — "
Champe, Preston — "
Chandler, A. C. — "
Churchman, V. T. — "
Clark, F. A. — "
†Claro, Joseph J. — Clendenin
Cobliner, Harry — Charleston
Condry, John C. — "
Cook, Wm. C., Jr. — "
Cooke, W. L. — "
Cottrell, Charles D., Jr. — "
Cox, L. E. — "
Crawford, R. A., Jr. — "
Crigger, Wm. D. — So. Charleston
Crites, John Lee — Charleston
Currence, Wm. W. — So. Charleston
Curry, Wyson, Jr. — Madison
*Davis, E. A. — Charleston
Dawson, R. O. — "
Dent, Duke A. — "
Dickerson, L. A. — "
Dobbs, F. H. — "
Doboy, J. G. — Longacre
Duling, M. S. — Charleston
Duling, W. Edward — "
*Dunlap, J. L. — Nitro
Dunn, Edward T. — So. Charleston
Dunn, R. H. — "
Dyer, N. H. — Charleston
Eckmann, L. M. — So. Charleston
Edmunds, Fred T. — Charleston
Elkin, W. Paul — "
Ellison, A. B. Curry — "
Engelfried, C. H. — "
Escue, H. M. — Charleston
Eves, F. P. — "
Fisher, H. H. — Ft. Lauderdale (Fla.)
Fitzpatrick, John F. — Charleston
Frame, Ray I. — Madison
Francke, Paul, Jr. — Charleston
*Frank, Ludwig — London (Eng.)
Fraser, Helen B. — Charleston
Frazier, J. W. — "
Gallagher, Mary V. — "
Garrard, Willis Dolan — "
Gearhart, Elmer A. — St. Albans
Gibson, R. E. — So. Charleston
Gilbert, Donald R. — Charleston
Glass, H. R. — "
Glass, Olin C. — Sissonville
*Glass, W. J. — "
Glass, W. J., Jr. — Weatherford (Texas)
Godbey, J. R. — Charleston
Goff, Fred L. — Nitro
*Gordon, A. T. — Spencer
Grace, James E. — Chelyan
Gray, David B. — Charleston
Gray, James H. — Belle
Greene, Joseph E. — Clendenin
Grisinger, G. F. — Charleston
Grubb, George L. — "
Grubb, John M. — "
Hager, J. L. — "
Haley, John B. — "
Haley, P. A., II — "
Hall, Carl B. — "
Halloran, R. O. — "
Hamrick, R. E. — "
Hamrick, R. S. — St. Albans
*Harper, Clyde A. — Clendenin
Harper, O. M. — "
Harshbarger, Rodgers W. — St. Albans
Harshbarger, Ward, Jr. — Dunbar
Hash, John W. — Charleston
Heffner, George P. — "
Henson, Edward V. — So. Charleston
Hills, H. M., Jr. — Charleston
Hoffman, W. E. — "
Hogshead, George W. — Nitro
Hoke, L. I. — "
Holcombe, V. E. — Charleston
Holt, John A. B. — "
Houck, M. R. — Carbon
Howell, H. H. — Madison
Hudgins, A. P. — Charleston
†Huntley, H. C. — New York City
Hutchinson, T. H. — Malden
Ireland, R. A. — Charleston
Irwin, G. G. — "
Jackson, J. Edward — St. Albans
Jamison, W. L. — Charleston
Jarrell, C. A. — So. Charleston
Jarrell, Carl B. — Charleston
Jarrett, John T. — "
*Jarrett, L. A. — Dunbar
Jarrett, Marion — Charleston
Jones, Ralph J. — "
Jordon, E. V. — "
Joyner, Roy E. — So. Charleston
Kastl, Karl — Charleston
Kessel, C. R. — Ripley
Kessel, James S. — "
*Kessel, Ray — "
Kessel, Russel — Charleston
Ketchum, R. D. — "
Knapp, Thomas S. — "
Koenigsberg, Max — "
Kugel, J. Dennis — "
Kuhn, Beatrice H. — "
Kuhn, Harold H. — "
Lampton, Arthur K. — "
Lane, James W. — "
Law, H. D. — "
Lewis, C. E. — "
Lilly, Goff P. — "
Lilly, J. P. — "

Lilly, Milton J., Jr. — Charleston
Litsinger, E. A. — "
Litton, A. C. — "
Litton, Clyde — "
Louft, R. R. — "
Lovejoy, U. C. — "
Lowy, Otto J. — Columbus (Ohio)
Lutz, John E. — Charleston
MacDonald, K. G. — "
Magee, Alfred J. — "
Mantz, Theodore P. — "
Marquis, Henrietta — "
Marquis, J. N. — "
Masters, Frank W. — "
Matthews, L. B. — "
McClanahan, Rose H. — "
McClue, A. E. — Dunbar
McClung, Eugene — Charleston
*McClure, U. G. — "
McCowen, E. A. — So. Charleston
McMillan, W. O. — Charleston
McNamara, R. J. — "
*McPherson, H. D. — Eskdale
Mendeloff, M. I. — Charleston
Milam, D. Franklin — "
Milhoan, A. W. — Nitro
Miyakawa, George — Charleston
Morgan, Wm. C., Jr. — "
Morrison, John T. — Washington (D. C.)
Moser, Lyle A. — Eleanor
Mynes, L. H. — Charleston
Namay, Elliot M. — "
Nestmann, Ralph H. — "
Newhouse, N. H. — "
Newman, Benjamin — "
Niedermyer, J. W. — "
O'Dell, Morris H. — "
O'Dell, Richard N. — "
Oliphant, W. G. — Burnwell
Pearcy, Thompson — Charleston
Peck, Earl M. — "
Pence, R. E. — So. Charleston
Perkins, Haven M. — Charleston
Peterson, V. L. — "
Point, W. W. — "
Polsue, W. C. — "
Potterfield, Thomas G. — "
Preiser, Philip — "
Price, A. M. — Madison
Price, R. B. — Charleston
Pushkin, Willard — "
Putschar, W. G. J. — "
Quick, James C. — Clendenin
Reed, T. G. — Charleston
Reel, F. C. — "
Reeves, J. N. — "
Revercomb, Paul H. — "
Rice, William R. — Dunbar
Riheldaffer, Wm. H. — Charleston
Robertson, G. C. — "
*Robertson, H. L. — "
*Robertson, W. S. — "
Robins, J. E., Jr. — "
Robinson, J. H. — "
Rogers, Jay E., Jr. — "
*Rohr, J. U. — Roanoke (Va.)
Rosenbaum, George R. — Charleston
Rossman, Wm. B. — "
Ryan, Eugene J. — Belle
†Scherr, Merle S. — Charleston
Seletz, A. A. — "
Selman, J. H. — "
Seltzer, Joseph P. — "
Seltzer, Leo M. — "
Sexton, Richard J. — "
Shamblen, Earle L. — "
*Shawkey, A. A. — "
Shawkey, G. A. — "
Shepherd, E. M. — "

* Honorary Member
† In Military Service

Shirkey, W. F., Jr. — Charleston
Skaff, Victor S. — "
Skaggs, J. S. — "
Skaggs, J. W. — Nitro
Skaggs, Joseph T. — Charleston
Slaughter, J. F. — Dunbar
Smith, A. A. — Clay
*Smith, B. A. — Huntington
Smith, C. B. — Charleston
Smith, Joseph A. — Dunbar
Souleyret, S. B. — Cabin Creek
Soulsby, P. C. — St. Albans
Spector, Horatio A. — Charleston
Spencer, James T. — "
Spencer, T. N., Jr. — So. Charleston
Squire, E. W. — Charleston
Staats, Charles E. — "
Stabins, Edwin P. — "
Starcher, R. C. — Ripley
Stennett, Clarence E. — Charleston
Stewart, John A. — Nitro
Stewart, W. C. — Charleston
Stoeckel, Catherine R. — "
Stoeckel, J. Edwin — "
Summers, R. R. — "
Swart, Howard A. — "
*Thompson, H. G. — "
Thornbury, James H. — Belle
Thornhill, Wm. A., Jr. — Charleston
Totten, Paul E. — St. Albans
Tuckwiller, P. A. — Charleston
Tully, C. Carl — So. Charleston
Vaughan, E. O. — St. Albans
Vial, H. R. W. — So. Charleston
Vogeler, Ed. J., Jr. — Charleston
Walker, James H. — "
Wallace, Richard C. — St. Albans
*Watts, C. N. — Charleston
Webb, R. L. — "
Whiteside, C. T. — Kayford
Wilkerson, W. V. — Whitesville
Wilson, A. A. — Charleston
Wohlford, R. F. — So. Charleston
Woodall, R. E. — Charleston
Work, W. F. — "
Zekan, John G. — "

LOGAN

*Aultz, L. L. — Omar
Bevacqua, W. A. — New York City
Brewer, W. E. — Logan
Chillag, Erwin R. — Holden
Deason, V. A. — Logan
Elliott, Hoffman T. — "
*Farley, H. H. — "
French, A. M. — "
†Hatfield, J. R. — Holden
Hamilton, W. P. — Chapmanville
Hrutkay, W. J. — Slagle
Jamison, Frank R. — Logan
Kruger, I. M. — "
†Lesaca, C. J. — "
Lyons, J. W. — "
Moore, Dana T. — Omar
Mullins, David W. — Logan
Mullins, George R. — "
*Parker, W. H. — Lorado
Patterson, J. L. — Logan
Roberts, R. W. — Man
Rowan, W. S. — Logan
Scott, Robert K. — "
Smith, B. D. — Amherstdale
Smith, B. D., Jr. — Man
*Smith, T. C. — St. Petersburg (Fla.)
Spurlock, Mark S. — Logan
Starcher, E. H. — "
*Steele, L. E. — Logan
Straughan, J. M. — Charleston
Van Hoose, Harold — Man
*Vaughan, R. R. — McConnell

Viscuse, F. M. — Hutchinson
Westover, Don A., Jr. — Holden

MARION

Bailey, K. D. — Fairmont
Baron, L. E. — "
Barr, J. M. — Worthington
Bressler, David — Monongah
Carter, C. J. — Fairmont
*Collins, J. C. — "
*Conliffe, M. M. — "
†Coogle, John J. — Rivesville
Cort, Carter F. — Fairmont
*Criss, H. L. — "
Ehrgott, Wm. A. — "
Evans, George T. — "
Fleming, H. C. — "
Frye, R. R. — Mannington
Goodwin, O. M. — Fairmont
Gotses, Paul S. — "
Hamilton, D. D. — Mannington
Hamilton, Robt. B. — Fairmont
Haynes, O. L. — "
Helmick, John P. — "
*Holland, C. L. — "
Janes, Robert G. — "
Jenkins, J. J. — Farmington
Jenkins, J. J., Jr. — Fairmont
Johnson, Philip — "
Jordan, Mary — "
*Keister, H. S. — "
Kinney, E. R. — Idamay
Lambert, L. R. — Fairmont
Lawson, C. S., Jr. — "
Lawson, Wm. T. — "
Lindsay, J. David, Jr. — Chambersburg (Pa.)
Mallamo, F. W. — Fairmont
Mallamo, J. T. — "
Maxwell, Joseph S. — "
Morgan, G. V. — "
Morgan, Jack C. — "
Norris, L. D. — "
*Orr, W. W. — Rachel
*Parks, C. L. — Fairmont
Parks, S. W. — "
Phelps, M. D., Jr. — "
Powell, Rupert W. — "
Prickett, David C. — "
*Ramage, C. M. — "
*Rogers, F. B. — "
Romino, J. D. — "
Sidow, Robt., J. — "
Smith, D. C. — "
Sowers, F. F. — "
Stillings, Samuel L. — Mannington
Trach, J. P. — Fairmont
Traugh, G. H. — "
Tuckwiller, J. R. — "
Vacheresse, Edward, Jr. — "
Van Horn, K. L. — "
Wise, E. D. — "
Wotring, James E. — Fairview
Yost, Herschel R. — Fairmont

MARSHALL

Ashworth, Harold B. — Moundsville
*Ashworth, R. A. — "
Benson, Don S. — "
Bradford, Wm. P. — "
Dickey, Thomas O. — McMechen
Dotson, Samuel C., Jr. — Cameron
Ealy, D. L. — Moundsville
Grimm, R. B. — Cameron
*Hill, W. G. C. — Moundsville
McIlvain, W. E. — Huntington
Myers, J. W. — Glen Dale
*Peck, J. C. — Moundsville
Yoho, David E. — "
Yoho, S. F. — "

MASON

Brown, C. Leonard ..... Louisville (Ky.)
Bryant, R. F. ..... New Haven
Glassman, Dan ..... Pt. Pleasant
Johnson, Simon O. ..... Lakin
Lloyd, Jess Stewart ..... Pt. Pleasant
Maloney, Calvin G. ..... "
McCarty, George E. ..... New Haven
*Petty, C. W. ..... Atlanta (Ga.)
Thompson, Carl W. ..... Pt. Pleasant

McDOWELL

Adkins, Chas. G. ..... Coalwood
Anderson, J. H. ..... Hemphill
Bailey, J. B. ..... Davy
Beach, James G., Jr. ..... Gary
Bennett, J. A. ..... Algoma
Bracey, H. A. ..... Welch
Burger, Ray E. ..... "
Burke, John H. ..... Pageton
Byrne, Kenneth N. ..... Welch
*Camper, H. G. ..... "
Carr, A. A. ..... War
Carr, A. B. ..... "
Castrodale, Dante ..... Welch
Chapman, C. B. ..... "
Clark, C. T. ..... Iaeger
Cochran, C. C. ..... Kimball
Cott, Robert E. ..... Gary
Coulon, N. F. ..... "
Counts, W. R. ..... Welch
Davis, J. E. ..... "
Dodrill, R. Moore ..... Huntington
Edwards, R. H. ..... Welch
Evans, G. P. ..... Des Moines (Iowa)
Evans, H. P. ..... Keystone
Fey, Chas. Wm. ..... Welch
Fitz, Thomas E. ..... "
Gale, Richard O. ..... "
Gates, E. O. ..... "
Gibson, E. D. ..... Iaeger
Gliserman, Edward ..... Berwin
*Hall, W. C. ..... Welch
*Hatfield, D. D. ..... St. Petersburg (Fla.)
†Haynes, William N. ..... Welch
Johnson, S. W., Jr. ..... Keystone
Johnston, F. L. ..... Welch
Kelly, Joseph F. ..... "
Kersey, Marguerite J. ..... Peterstown
Kersey, W. W., Jr. ..... "
LeBeau, G. L., Jr. ..... Elbert
Linkous, Otis E., Jr. ..... Welch
Mandry, David L. ..... Gary
McCord, C. F. ..... Bradshaw
Murry, J. H. ..... Jenkinjones
†Sanner, Marvin Q. ..... Gary
Saunders, Chas. L. ..... Welch
Saunders, Irvine ..... "
Schiefelbein, H. T. ..... "
Smith, M. W. ..... Biloxi (Miss.)
Torregrosa, M. F. ..... Ashland
*Vermillion, E. ..... Athens
*Vick, C. W. ..... Bluefield
Villani, A. J. ..... Welch
Wiley, James H. ..... Gary
Young, W. B. ..... Northfork

MERCER

Baer, Thomas B. ..... Bluefield
Bell, David F., Jr. ..... "
Blaydes, J. E. ..... "
Bruch, Wm. M. ..... "
Butte, C. I. ..... Matoaka
Champion, Jess P. ..... Princeton
Clements, B. S. ..... "
Connell, H. R. ..... Bluefield
Copenhaver, W. E. ..... Charlottesville (Va.)
Davidson, S. G. ..... Bluefield
Davis, H. C. ..... "
Ferraraccio, P. P. ..... Bluefield (Va.)
Flynn, Charles S. ..... Bluefield
Fowlkes, R. H. ..... "
*Fox, J. Francke ..... "
Fox, P. R. ..... "
Fugate, R. C. ..... "
Gage, E. L. ..... "
Gatherum, Robert S., Jr. ..... "
Gillespie, Wm. W. ..... "
Goddall, F. C. ..... Princeton
Hale, Daniel ..... "
Harloe, W. M. ..... Matoaka
Higginbotham, Upshur ..... Bluefield
Holroyd, Frank J. ..... Princeton
Horton, E. W. ..... Bluefield
Hosmer, D. L. ..... "
Hughes, C. R. ..... "
Johnston, Cecil F. ..... "
Kechele, D. V. ..... "
Kelly, V. L. ..... "
King, O. G. ..... "
Kirby, Edgar W. ..... "
Lovas, E. E. ..... "
Mahood, John J. ..... "
Markell, J. I. ..... Princeton
McCary, Joe E. ..... "
McCauley, E. W. ..... Bluefield
McCoy, Arch T., II ..... "
McGee, James E., Jr. ..... "
McGuire, John ..... "
Milchin, Sam ..... "
Neale, Richard C. ..... "
Pace, L. J. ..... Princeton
Paine, A. J. ..... Bluefield
Prudich, William ..... Montcalm
Pruett, C. D. ..... Bluefield
Raub, Roy R. ..... "
St. Clair, C. T., Jr. ..... "
St. Clair, Wade H. ..... "
St. Clair, W. H., Jr. ..... "
Schwab, John E. ..... "
Scott, Charles M. ..... "
Shanklin, J. R. ..... "
*Shanklin, R. V. ..... "
Sinclair, M. W. ..... "
Snider, George E. ..... "
Spangler, Ernest B., Jr. ..... Princeton
Stuart, R. R. ..... Bluefield
*Tanner, E. M. ..... "
Todd, G. L., Jr. ..... Princeton
Troup, H. E. ..... Bluefield
Van Reenen, A. C. ..... "
*Vermillion, Uriah ..... Athens
Warden, Henry F., Jr. ..... "
Weier, Karl E. ..... "
Wellborn, Wm. R., Jr. ..... "
White, Fred D. ..... "
Wilder, R. T. ..... "
Yost, J. W. ..... "

MINGO

Boggs, James E., Jr. ..... Williamson
Burian, Frank J. ..... "
Clarke, Robt. S., Jr. ..... Stone (Ky.)
Drake, E. T. ..... Dearborn (Mich.)
Easley, G. W. ..... Williamson
Guthrie, Wm. H. ..... Ebolowa (French Cameroun, West Africa)
†Harvey, David C. ..... Delbarton
Hatton, Don V. ..... Williamson
Hays, H. C. ..... "
Henderson, A. H., Jr. ..... "
Johnson, J. E. ..... "
Lawson, J. C. ..... "
Minier, John O. ..... Delbarton
*Price, W. H. ..... Williamson
*Quincy, F. B. ..... Aflex (Ky.)
Salton, Russell A. ..... Williamson
Scott, W. W. ..... Williamson
Smith, Joseph H. ..... "
Smith, W. J. ..... Belfry (Ky.)
Stepp, E. P. ..... Kermit
†Tchou, Robt. J. ..... Williamson
White, Enoch W., Jr. ..... Red Jacket
Wyttenbach, F. C. ..... Williamson
Zando, S. G. ..... "

MONONGALIA

Ashworth, Glenn ..... Morgantown
Brannan, Dorsey ..... "
Bray, C. M. ..... "
Caserta, Peter ..... "
*Collins, A. B. ..... "
Crynock, P. D. ..... "
Curry, Geo. A. ..... "
Dent, Charles F. ..... "
*Fisher, R. W. ..... "
Fleming, Robert J. ..... "
Gerchow, K. E. ..... "
Greco, Robert ..... "
Heiskell, E. F. ..... "
Heiskell, E. F., Jr. ..... "
Hobbs, Melford L. ..... "
Howell, W. H. ..... "
Johnson, Carl E. ..... "
King, H. V. ..... "
King, W. E. ..... "
Krause, R. F. ..... "
Lawless, J. J. ..... "
Logue, Clarence A. ..... "
Mahan, Charles S. ..... "
Marshall, Hubert T. ..... "
Maxwell, G. R. ..... "
Miller, F. R. ..... "
Miller, Lawrance S. ..... "
Morgan, David Z. ..... "
*Moser, W. C. ..... St. Petersburg (Fla.)
Nottingham, Robert J. ..... Morgantown
Phillips, G. W. ..... "
Pickett, J. C. ..... "
*Post, D. M. ..... "
Pride, C. B. ..... "
Pride, Maynard P. ..... "
Randolph, B. F., Jr. ..... Cleveland (Ohio)
Rich, H. A. ..... Morgantown
Romine, C. C. ..... "
Ryan, Ralph W. ..... "
Shaffer, H. A. ..... "
Sleeth, Clark K. ..... "
Smith, Clement A. ..... "
Stecker, J. F. ..... "
Strawn, L. M. ..... "
Thompson, C. T. ..... "
Trotter, J. H. ..... "
Tucker, E. B. ..... "
Tucker, E. B., Jr. ..... "
Van Liere, E. J. ..... "
Warman, W. M. ..... "
Whittlesey, F. R. ..... "
*Wylie, C. B. ..... "

OHIO

Ackermann, W. E. ..... Wheeling
Armbrecht, Geo. L. ..... "
Armbrecht, R. J. ..... "
Bandi, R. T. ..... "
Barberia, Regina M. ..... "
Belgrade, J. T. ..... "
Bickel, C. S. ..... "
*Bippus, E. S. ..... W. Palm Beach (Fla.
Bird, J. D., Jr. ..... Wheeling
Bobes, S. S. ..... "
Boggs, W. C. ..... "
Buffington, C. B. ..... "
Butler, A. K. ..... "
*Caldwell, J. R. ..... Short Creek
Clarke, George R. ..... Wheeling
Clovis, E. E. ..... "

---

* Honorary Member
† In Military Service

Clubb, Elmore M., Jr. — Weirton
Cope, Paul H. — Wheeling
Copeland, H. B. — "
Curry, Joseph L. — "
Daniel, Angelo S. — "
DelVecchio, James J. — "
Dickie, Herbert G., Jr. — "
Dickinson, Daniel W. — "
Drinkard, R. U., Jr. — "
Duffy, Raymond J. — "
Farri, L. B. — "
Fawcett, Ivan — "
Fawcett, R. Alan — "
Gaydosh, F. J. — "
*Gaydosh, M. — "
Gaydosh, M. A., Jr. — "
Gaynor, John S. — "
Gill, R. D. — "
Gilmore, J. W. — "
Glass, E. F. — "
Graham, Paul V. — "
Greeneltch, D. E. — "
Haislip, N. L. — "
Hazlett, James C. — "
Hershey, C. D. — "
Higgins, A. W. — "
Hiles, Charles H. — "
Holley, C. J. — "
Honecker, Ruth F. — "
Hudnall, L. P. — "
Jones, A. L. — "
Jones, E. L. — "
Joseph, N. K. — "
Joseph, Wilda S. — "
Kalbfleisch, W. K. — "
*Kessor, C. H. — "
Kellas, George M. — "
Klug, T. M. — "
Leibold, Robert W. — "
Leslie, Warren D. — "
Lewellyn, R. H. — Elm Grove
Little, H. G. — Wheeling
Lyon, L. A. — "
MacGregor, D. A. — "
Maskrey, Frank R. — "
McClure, W. T. — "
McCoy, A. V. — Elm Grove
McCoy, C. G. — "
McCurdy, J. A. — Windsor Hgts.
McCuskey, W. C. D. — Wheeling
McNamara, Wm. E., Jr. — "
Megahan, Burke — Elm Grove
Meier, J. S. — Wheeling
Moore, John Mark — "
Murphy, J. H. — "
Niehaus, A. J. — "
Nodurft, Joseph H. — "
*Nolte, A. E. — "
Osterman, A. L. — "
Palmer, David W. — "
Pell, E. N. — "
Perilman, William — "
Phillips, Earl S. — "
Phillips, Edward M. — "
Phillips, Edward S. — "
Phillips, Howard T., Jr. — "
Phillips, R. W. W. — "
Purpura, Anthony J. — "
Quimby, W. A. — "
Rankin, J. O. — "
Reed, R. J., Jr. — "
Reiter, M. D. — "
Rogers, J. Speed, Jr. — "
Rubin, Herman — "
Sammons, W. P. — "
Sauder, H. R. — "
Sheppe, W. M. — "
Snider, R. J. — "
Sonneborn, Robert M. — "

* Honorary Member
† In Military Service

Spargo, James E. — Wheeling
*Staats, O. M. — "
Steger, W. J. — "
Stewart, J. K. — "
Strauch, R. O. — "
Strobel, G. E. — "
Thomas, Thomas L. — "
Thoner, J. G. — "
Tomassene, R. A. — "
Vieweg, G. L., Jr. — "
Wanner, A. L. — "
Weiler, Howard G. — "
Wiestling, H. M. — "
Williams, M. B. — "
Young, J. P., Jr. — "
Zuback, M. F. C. — "

PARKERSBURG ACADEMY

*Adams, W. A. — Parkersburg
Barnett, Chas. H. — "
Bateman, H. G. — Williamstown
Batten, James C. — Parkersburg
Bell, Julius W. — "
Biddle, Robert M. — "
Black, Boyd K. — "
Blair, F. L. — "
Blair, Holmes — "
Boice, R. H. — "
Boling, John S. — Falls Church (Va.)
Boone, Ralph H. — Sistersville
Bronaugh, Wayne — Parkersburg
*Brown, C. N. — Marietta (Ohio)
Brown, Delmer J. — Parkersburg
Brown, Marion S. — "
Brown, R. W. — Spencer
Brundage, O. H. — Parkersburg
Bryce, John C. — "
Buehrig, Robt. C. — "
†Burley, Lee — Sistersville
*Camp, W. C. — Spencer
Conley, Orva — Parkersburg
*Connolly, Ira — "
Connolly, Ira, Jr. — "
Connolly, Randall — "
Coplin, Robert W. — Elizabeth
Corbitt, Richard W. — Parkersburg
Cowan, R. C., Jr. — "
Coyner, Martha J. — Harrisville
*Crooks, E. W. — Parkersburg
Crooks, Robt. D. — "
Cruikshank, D. P., III — "
Dauphin, Rex — "
Davis, R. E. — "
Davis, William W. — Columbus (Ohio)
Dearman, A. M. — Parkersburg
Depue, J. M. — Spencer
Dick, Wm. S. — Parkersburg
East, Isaac — Spencer
Fankhauser, Robert — Parkersburg
*Fisher, M. O. — Barrington (Ill.)
Fosnaugh, Robt. P. — Detroit (Mich.)
Frazier, Ralph — Logan
Gilbert, H. F. — Parkersburg
Gile, John H. — "
Gilmore, W. E. — "
Goff, S. Wm. — "
Goff, W. R. — "
Goodhand, Charles L. — "
Greene, Fay Perry, Jr. — "
Hall, Wm. McL. — "
Hamilton, Richard — St. Marys
Harris, Thomas L. — Parkersburg
Harsha, G. M. — Sistersville
Hartman, E. C. — Parkersburg
Hatfield, Asel P. — Harrisville
Heinlein, Russell L. — Charleston
Holmes, E. B. — Parkersburg
Hovis, Logan W. — "
Howes, Robert W., Jr. — "
Jones, A. M. — "
Jones, James P. — Pennsboro

*Jones, L. P. — Pennsboro
Keller, F. D. — Belpre (Ohio)
Kohlheim, Walter R. — Parkersburg
Lattimer, R. D. — "
Leeson, L. R. — "
Lincicome, Robert — "
Lutz, Athey R. — "
McCuskey, Paul L. — "
Morehead, C. E. — "
Newman, R. C. — Spencer
Nicholson, B. B. — Parkersburg
Paden, Russell H. — "
Post, Guy R. — "
Potter, Fred J. — "
Priddy, N. D. — Ravenswood
Prunty, Francis C. — Parkersburg
*Prunty, S. M. — "
Quillen, O. L. — St. Marys
*Rogers, J. G. — Vienna
Rogers, Watson F. — Parkersburg
Santer, M. A. — "
Sheridan, Richard B. — "
Shupala, Edward — "
Sidell, A. R. — Williamstown
Staats, E. D. — Ripley
Stark, Jack J. — Belpre (Ohio)
*Starkey, P. C. — Ravenswood
Stump, Charles A. — Grantsville
Sullivan, Wm. R. — Ravenswood
Thrasher, E. L. — Sistersville
Ulch, H. W. — Parkersburg
Wade, James L. — "
Walton, L. E. — Pennsboro
West, Geo. W. — St. Marys
Wharton, R. H. — Parkersburg
Whitaker, C. F. — "
Wilson, Ira O. — Bonham (Texas)
Widmeyer, R. S. — Parkersburg
*Wise, S. D. H. — "
Woofter, A. C. — "
Yeager, W. R. — "
Young, H. B. — St. Marys
Zemer, Ralph H. — Parkersburg

POTOMAC VALLEY

Berry, P. E., Jr. — Piedmont
Bess, Robert W. — "
Bess, Thomas — Keyser
Brown, James D. — Romney
Brown, R. R. — Fort Ashby
Coffman, Harry — Keyser
Coffman, Robt. T. — "
*Dailey, R. W. — Romney
Dyer, V. L. — Petersburg
*Easton, J. F. — Romney
*Flick, W. A. — Keyser
Giffin, T. C. — "
Hartle, Gerald E. — Moorefield
Healy, Paul T. — Keyser
Huffman, T. T. — "
King, C. E. — Petersburg
Love, J. A. — Moorefield
*Love, R. W. — "
Mathias, James D. — Wardensville
Maxwell, H. J. — Petersburg
Maxwell, M. H. — Moorefield
*Moyers, B. F. — Mathias
Rexrode, L. E. — Franklin
Sites, Charles J. — "
Townsend, Milford F. — Petersburg
Veach, Lysle T. — "
Wilson, P. R. — Piedmont
Wolverton, J. H. — "
Wolverton, J. H., Jr. — "

PRESTON

Arnett, J. C. — Rowlesburg
Brown, Donald P. — Kingwood
Clark, M. Dorcas — Terra Alta
Davis, DelRoy R. — Kingwood

Gadzikowski, Isabelle T. — Hopemont
Harley, John B. — Terra Alta
*Harmon, R. D. — Kingwood
Herold, Wm. S. — "
Johnson, W. P., Jr. — Arthurdale
Lehman, J. F. — Kingwood
McIntire, T. S. — "
Miller, B. B. — Eglon
Moser, C. Y. — Kingwood
†Reda, Frank A. — Terra Alta
Smith, C. E. — "
Starkey, A. L. — Hopemont
Trenton, J. W. — Kingwood
*Watson, E. E. — "
White, S. R. — Bruceton Mills

RALEIGH

Ashton, D. C. — Beckley
*Banks, F. L. — "
Banks, J. W. — Beaver
*Banks, M. C. — Raleigh
Batalion, A. L. — Pennsboro
†Berry, E. Lowell — Montcoal
Bliss, A. Allen — "
Bowles, A. G. — Beckley
Broaddus, R. G. — "
Brooke, Deane F. — "
Cooper, Harry F. — "
Covey, W. C., Jr. — "
*Cunningham, W. H. — "
Daniel, D. D. — "
Daniel, D. D., Jr. — "
*Daniel, G. P. — Glen Daniel
Daniel, Ross P. — Beckley
Davis, Preston C. — "
Dupuy, Samuel S. — Scarbro
Edwards, Hugh S. — Beckley
Ford, S. A. — "
Fox, Lewis N. — Slab Fork
Garrett, T. F. — Sprague
Grewal, J. S. — Beckley
Gubin, A. S. — Slab Fork
Gwinn, G. E. — Beckley
Halloran, L. M. — "
Harvey, Harold E. — "

* Honorary Member
† In Military Service

Heagarty, John P. — Beckley
Hedrick, G. C., Jr. — "
Hedrick, John A. — "
Hendricks, Esten J. — Princewick
*Johnson, G. W. — Beckley
Kessel, Clark — "
Levison, Paul L. — "
Lewin, Julian R. — "
Lilly, F. Vivan — "
Lilly, Wallace B. — "
Martin, Thomas L. — "
Mays, W. C. — Stanaford
McKenzie, J. E. — Beckley
Merritt, C. W. — "
Miller, George A. — "
*Mitchell, R. C. — Sophia
*Moore, F. J. — East Gulf
Moran, W. G., Jr. — Cranberry
Oram, Joseph B. — Glen Rogers
Peter, B. K. — Beckley
Pomputius, W. F. — Helen
Psimas, George N. — Beckley
Ralsten, M. M. — "
Rardin, W. H. — "
Richmond, B. B. — "
Richmond, W. Fred — "
*Riley, W. M. — Whitby
Ruark, W. T. — Beckley
Sabbagh, N. F. — Layland
Shrewsbury, L. E. — Beckley
Smith, Clyde A. — "
Tieche, A. U. — "
Vaughan, P. E. — "
Vermillion, T. U. — "
Ward, Charles M. — Eccles
Whitlock, J. W. — Beckley
Whitlock, J. W. — Beckley
Wilcox, R. E. — "
Wray, Everett B. — "
*Wriston, Robert — "

SUMMERS

Hesen, J. W., Jr. — Hinton
Holmes, Albert W. — "
*Howard, C. L. — Lewisburg
Johnson, Jesse T. — Hinton
McNeer, B. W. — "
*Pence, G. L. — "

Ritter, D. W. — Hinton
Stokes, J. W. — "
Van Sant, W. L. — "
Woodrum, Jack D. — "

TAYLOR

*Campbell, O. S. — Grafton
Haislip, Charles A. — "
Heironimus, T. W., Jr. — "
*Kimble, J. U. — "
*Shafer, C. F. — "
Shanes, Herbert N. — "
Stout, R. D. — "
*Stroud, C. G. — Flemington
Trippett, K. H. — Grafton
Warden, Paul P. — "

WETZEL

Blum, E. C. — New Martinsville
Coffield, E. LeMoyne — "
Coffield, Terrell — "
Dyer, A. M., Jr. — Pine Grove
Gordon, T. B. — New Martinsville
Hassig, Donald G. — New Orleans (La.)
Hornbrook, Kent M. — New Martinsville
Miller, R. F. — Paden City
*Skinner, J. M., Jr. — New Martinsville
Theiss, John O. — "
Viggiano, M. A. — "
Watson, C. P., Jr. — "
Zinn, R. H. — Hundred

WYOMING

Fordham, George F. — Mullens
Hatfield, R. C. — Oceana
Newman, Ross E. — Mullens
Penn, F. H. — "
Steele, B. W. — "
Surbaugh, Ross D. — Oceana
Trippett, L. Harry, Jr. — Amigo
Upchurch, C. T. — Kopperston
Vaughn, Florien — Tralee
Wilkinson, E. M. — Pineville
Williams, D. H. — Itmann
Wylie, Ward — Mullens
Zsoldos, F. J. — Pineville

The New

ORI-HIST

BROWN AND ORANGE CAPSULES

(EXEMPT NARCOTIC)

Each Capsule contains:

Thenylpyramine Hydrochloride	10 mgs.
Dover's Powder	¼ gr.

Warning: May be habit forming.

(Representing Po. Ipecac 1/40 gr. and Po. Opium 1/40 gr.)

Acetophenetidin	1½ gr.
Camphor Monobromated	¼ gr.
Aspirin	2 gr.
Caffeine Citrated	¼ gr.
Atropine Sulfate	1/500 gr.

ANTIHISTAMINIC - ANALGESIC COMPOUND

For the relief of nasal symptoms of a cold, and aches and pains accompanying a cold.

Adult Dose: 1 or 2 capsules every 2 hours for 3 doses, then 1 every 3 or 4 hours. Not more than 10 capsules should be taken in any 24 hour period.

◆

"28 Years of Service—1928-1956"

◆

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phone: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

OBITUARIES

LOUISE JARVIS CURRENCE, M. D.

Dr. Louise Jarvis Currence, 84, formerly of Clarksburg, died at the home of her son, Dr. William W. Currence in Charleston, November 28, 1955. She had been in ill health for several years.

Doctor Currence attended Normal University, Lebanon, Ohio, and studied medicine at Woman's Medical College, Baltimore. She received her M. D. degree in 1897 from Laura Memorial Woman's Medical College, Cincinnati, which later was merged with the University of Cincinnati School of Medicine. Her specialty was ophthalmology and otolaryngology.

After practicing for a short time in Cincinnati and at San Antonio, Texas, she located at Clarksburg in 1900 and practiced there continuously until her retirement a few years ago.

She was the widow of L. P. Currence, Clarksburg optometrist, who died in 1936.

She was a former member of the Harrison County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

She is survived by two sons, Dr. William W. Currence, of Charleston, and Richard F. Currence, of Marlinton; a daughter, Mrs. Henry P. Snyder, of Sistersville; and a sister, Mrs. Albert S. Pickens, Los Angeles.

* * * *

IRA ALLEN STINE, M. D.

Dr. Ira Allen Stine, 74, of Grafton, died in a hospital in that city, November 18, 1955. He had been in ill health for several years.

Doctor Stine was born in Cinsne, Illinois, September 4, 1881, son of the late Albert E. and Lillie Jane (Neff) Stine.

He received his M. D. degree from St. Louis University School of Medicine in 1912, and was a surgeon for the Baltimore & Ohio Railroad Company at Cinsne from 1917 until 1923, when he accepted employment as B. & O. medical examiner at Grafton. He retired early in 1948.

He was a former member of the Taylor County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by his widow, Grace M. (Harrison) Stine; two children, Ira Allen Stine, Jr., of Charleston, South Carolina, and Mrs. Virginia May Sinsel, of Charleston, West Virginia; and a sister, Miss Blanche Stine, of Chicago, Illinois.

* * * *

NELLIE MAUDE YOST, M. D.

Dr. Nellie Maude Yost, 66, of Huntington, died at her home in that city, October 11, 1955, following a long illness.

Doctor Yost was born in Proctorville, Ohio, daughter of the late Dr. and Mrs. William Wilson Reynolds. She attended public schools in her home community and

THE WEST VIRGINIA MEDICAL JOURNAL

302 ATLAS BUILDING, CHARLESTON, W. VA.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Vol. LII FEBRUARY, 1956 No. 2

THE ANESTHESIOLOGIST IN THE MEDICAL-SURGICAL TEAM*

By CURTISS B. HICKCOX, M. D.,† and
RALPH M. TOVELL, M. D.,†
Hartford, Conn.

As we wend our way through the mid century period we learn of man's effort to accomplish more by the use of automation or multiple unit machinery. The individual seems less important than the group with which he is associated. In some ways we sense that similar changes may be taking place in medicine and surgery. Most practicing physicians prefer to be associated with an approved hospital and once we turn our attention to the hospital we see evidence of teamwork. There is the Board of Directors team made up mostly of citizen volunteers who are interested in health; there is a management team with the medical director as its captain which is dedicated to provide the community with a first class hospital in the physical sense. Next comes the medical-surgical team which is duty bound to provide the best that is available in patient care from the standpoint of both prevention and treatment. In this same hospital we find the nursing service promoting the concept of teamwork as personnel of various skills are grouped together to care for patients. Thus the older concept of individualism in medicine is slowly giving way to the multiple unit or team as better care is sought and attained. At the same time we see specialization to a high degree in many branches of medicine and surgery and while most will admit the advantages of narrowing ones field of endeavor, certain hazards are inherent in a system in which each specialist views the patient and his symptoms through a different window, so to speak. However, unless these physicians pool their information or work as a team the patient will not receive the best that is available.

As anesthesiologists we have had the opportunity to work as a group in an 800-bed community general hospital for several years. At the same time a residency training program has been conducted with fifteen to twenty residents enrolled at any one time. The daily operating schedule is completed for the most part by 2 p. m. Thus, several physicians are available each day for duty other than in the operating section. Considerable time is spent by the anesthesiologists and residents in the preoperative evaluation of patients and for the postoperative follow-up. This service has been appreciated by internist and surgeon alike and should lead to better overall care of patients. One or more attending anesthesiologists are freely available in the hospital not only during the hours of scheduled surgery but during the entire twenty-four hours of each day, every day of the year. We have felt that this is necessary since in any busy hospital acute and critical problems requiring immediate attention may arise at any time in the obstetrical division, the operating theater, the emergency room or on medical floors. For example, a newborn baby in need of immediate resuscitation cannot await the arrival of a physician who is on call twenty minutes away from the hospital nor can the small child in the emergency room survive very long with a piece of orange pulp incarcerated in the larynx. In this day of rapid travel with the automobile and airplane we are

*Presented before the 88th Annual Meeting of the West Virginia State Medical Association at the Greenbrier, White Sulphur Springs, Aug. 20, 1955.

†From the Department of Anesthesiology, Hartford Hospital, Hartford, Conn.

frequently called upon to assist in the emergency room with surgeons, orthopedists or neurosurgeons in the treatment of shock, hemorrhage and multiple wounds for two or more patients who arrive simultaneously. This is one place where the team has a real service to offer. The anesthesiologist assists in the treatment of shock, and the administration of fluid and blood, or blood substitutes. He is interested in establishing an adequate airway in the patient with multiple facial and chest injuries or he may assist the neurosurgeon in emergency tracheostomy as an immediate lifesaving procedure for wounds about the head.

Returning to a consideration of preoperative evaluation, it is significant that more than half of our attending medical and surgical staff have professional offices adjoining the hospital; thus, consultation service for patients prior to hospital admission is facilitated. Admission procedures allow for early listings of operations and an active outpatient diagnostic service often supplies necessary information prior to actual admission; thus, preoperative evaluation of patients who may present problems during operation is accomplished without too much difficulty. In the past it was common for patients to be admitted to the hospital on the afternoon or evening prior to contemplated operation. Occasionally the result was an operating room fatality due to inadequate work-up or treatment. Today, with better understanding of nutrition, fluid and electrolyte balance, cardiac and pulmonary function, control of infection and hormonal therapy, we are in a position to prepare patients to undergo major operative procedures with increased safety and less discomfort. This has been the result of teamwork not only of physicians and others in medical and paramedical fields but also of the nurses and trained workers in our hospitals. In order to demonstrate teamwork, several case reports will be presented.

Case 1 is that of a 64 year old white male with known arteriosclerotic heart disease, emphysema and chronic bronchitis of several years' duration. His admission complaint was left flank pain and hematuria of two days' duration. His referring physician stated that the patient had been receiving digitalis and Diamox® daily and that he had been able to enjoy limited activity. The physical examination revealed evidence of mild congestive heart failure with rales in both lungs, a blood pressure of 94/88, distended neck veins and enlarged liver. The electrocardiogram revealed evidence of old anterior and posterior myocardial infarction with occasional ventricular premature contraction, intraventricular block and other myocardial abnormality due partly to digitalis. Cystoscopy was performed on the day following admission and a provisional diagnosis of hypernephroma was made. A blood volume study using the Evans' Blue Dye method revealed an excess of plasma of approximately 1180 cc. with a low normal volume for red blood cells and an hematocrit of 35. The patient showed marked pallor, however, and the blood volume values were questioned as to reliability. The anesthesiology consultant felt that the patient was in need of red blood cells but that the respiratory reserve was fair. On the fourth hospital day the patient was medicated lightly with chloral hydrate, Demerol® and atropine and brought to the operating room. His blood pressure on arrival was 85/70. General anesthesia was induced slowly, using 100 mg. of thiopental sodium, followed by cyclopropane and oxygen. The blood pressure continued to fall to 60, then 50 mm.Hg. systolic. Vasopressor drugs were of little value and the operation was cancelled. Re-evaluation by an internist and cardiologist brought forth the opinion that the patient was in cardiac failure with much retained body fluid. The next twelve days were utilized to eliminate excessive fluid and the patient's weight dropped from 129 to 122 pounds. Respiratory rate dropped from 36 to 22 per minute. The liver receded to the costal margin and orthopnea improved. Gallop rhythm of the heart disappeared; the peripheral veins appeared less full. Two units of red blood cells were administered in spite of the previous blood volume study, and the patient's general appearance improved. The operation was re-scheduled and premedication and anesthesia were conducted as on the first occasion. The patient did well and one kidney with adenocarcinoma was removed. One unit of whole blood was administered during the procedure. The patient did well in the immediate postoperative period and was discharged as improved on the eleventh postoperative day. This case report is not one which shows the results of teamwork; rather, it shows the need for team work in the evaluation and preparation of the patient for surgical intervention.

In support of our interest in a careful preoperative work-up is a statistical survey completed in New England in 1951, covering attempted or completed operative procedures upon 388,203 patients in which a total of 2,924 deaths were revealed during the hospital stay. Fifty-four per cent of the deaths were found to have a direct or indirect relationship to the patient's condition prior to the surgical intervention. It is apparent that our serious efforts should be in the direction of improving the patient's condition before he comes to the operating room.

Let us return for a moment to some of the factors which might be considered in the pre-

operative survey. In regard to nutrition, weight loss is of particular interest since there may be depletion of water, essential vitiamins, proteins and important electrolytes as well as fat. A red cell deficiency may be present. Since World War II an appreciation of hypervolemia and increased red cell mass has resulted from blood volume studies. It appears now to be just as important to recognize and treat patients with excesses as formerly when deficits were found. The National Research Council has pointed out that in humans, starvation can proceed to the point of wasting of one quarter of the body weight before circulating blood shows any change in percentage relationship of red cells or proteins.[1] Blood volume determination, however, on the individual who has been starved will show marked deficits in total values for both red cells and plasma proteins. Restoration to normal is essential for this patient if surgical procedures or anesthesia are to be successful and safe. In our experience patients with hematocrit values above 50 presented a picture of polycythemia which is not complimentary. For example, a fifty year old male patient who presented himself for surgical removal of a renal tumor is found to be grossly overweight, somewhat hypertensive, has dyspnea on exertion and the value for hematocrit is high. This patient while at rest or doing light work is already calling upon his reserves to carry on normal functions of circulation and respiration. If the stress or strains of general anesthesia and operative procedure are added to this patient's burden, failure of vital systems may occur. With an excess of red cells present, the viscosity of the blood is increased and the work of the heart in maintaining an adequate output for normal circulation is also increased. If relative viscosity of blood is too high or if cardiac reserve is low or if hypoxia occurs as a result of difficulties during anesthesia then the critical point may be reached beyond which the heart is unable to cope with the load. Circulation is retarded and hypoxia becomes severe following which changes occur in permeability of endothelium which may finally lead to intravascular coagulation or thrombosis. At the same time the heart may begin to fail and pulmonary edema during anesthesia may become evident. The clinical evidence of increased viscosity is the appearance of a cape-like area of cyanosis involving the head, neck, shoulders and even the dependent parts of the body. The cyanosis frequently does not disappear even when oxygen is administered in adequate volume and under a pressure which will guarantee normal ventilation. It is believed that patients who have a hematocrit over 50 are not suitable subjects for general anesthesia.[2]

Blood volume determinations have proved of great assistance in differentiating the situation of relative polycythemia from absolute polycythemia whether of the secondary or of the vera type. The following cases are examples.

Case 2 is that of a 54 year old white male who had complained of headaches, dyspnea and anorexia for one year. He also had had hematuria on one occasion. The patient had a ruddy complexion. Blood pressure was 140/90. A palpable mass was present in the left flank. Pyelograms showed a tumor in the left kidney. The hematocrit was 66. A diagnosis of polycythemia vera and kidney tumor was made. A blood volume determination showed an excess of red blood cells of 3000 cc. He was bled 3500 cc. of whole blood in seven days with the hematocrit falling to 52. A left nephrectomy was done and the patient made an uneventful recovery.

In this instance the blood volume showed a red blood cell excess of 118 per cent contrasted to the hematocrit which indicated only a 47 per cent elevation in red cells above normal. In similar instances where surgery is contemplated a blood volume gives a better evaluation of the situation; correction of the excesses, which is essential before major surgery is attempted, can be rapidly accomplished.

Case 3 is that of a 64 year old white female who had had a subtotal gastrectomy for carcinoma of the stomach one and one-half years previously. Six months prior to admission to the hospital she had noted a return of gastric symptoms. Examination at the time of admission showed an emaciated, pale female who had moderate arteriosclerosis. Radiologic studies of the gastrointestinal tract showed recurrent carcinoma of the stomach with obstruction of the jejunal loop of the enterostomy. The patient was explored surgically and a resection of the remaining portion of the stomach, transverse colon and spleen with an anastomosis of the esophagus to the jejunum was accomplished. The procedure required nine hours. The patient received 1500 cc. of blood preoperatively, 3500 cc. during the operation and 500 cc. in the recovery room, a total of 5500 cc. On the day following operation auricular fibrillation developed and her blood pressure dropped to 60/50. There were no signs of congestive heart failure present. An hematocrit was 55. Blood volume study was performed at this time revealing an excess of 970 cc. of red blood cells. Phlebotomy with removal of 500 cc. of blood was followed by a rise in the blood pressure and improvement in the patient's condition. Repeat blood volume on the following day still showed 690 cc. excess of red cells and a second phlebotomy was done removing 400 cc. of blood. The patient "fainted" during this procedure and no more blood was removed; however, she made an excellent recovery from this time on. A third

blood volume study five days later showed a further fall in red cell volume to an essentially normal value although no further phlebotomies were performed. She was discharged from the hospital on the fourteenth postoperative day.

It is apparent that this patient's vascular collapse was associated with the hypervolemia induced by the vigorous intravenous therapy during the operative procedure. The differentiation of simple hemoconcentration (relative polycythemia) from absolute polycythemia which was present was an important factor in her recovery, for phlebotomy was done with prompt return of the blood pressure to normal levels. Had further intravenous therapy been given to treat the hypotensive state, cardiac embarrassment might have become more severe and might even have led to a fatality. It is our feeling that the Evans' Blue Dye method of blood volume study has proved a simple, reproducible clinical tool which can be readily set up in the average general hospital possessing ordinary laboratory facilities.

Certain aspects of circulation and respiration were alluded to in discussing blood volume determination and it appears in order to consider these vital functions together. During the past generation surgical teams assisted by many workers in special fields have gradually overcome the physiologic problems of operating safely within the thorax and in the past few years within the heart itself. A recent casual visit in two large teaching hospitals revealed three operative procedures upon the heart scheduled in one hospital and four in the other. Not only are abnormalities of the congenital heart and its blood vessels being corrected surgically but acquired diseases of the heart and major blood vessels are being attacked by courageous physicians and surgeons who refuse to stop short of victory. The anesthesiologist in this team has been presented with many new problems and while some earlier teachings have been discarded, those relating to the intake and transport of oxygen to the tissue cells of the heart, brain, liver and kidneys have remained as fundamental laws, subject to reasonable change but not violation. The removal of waste carbon dioxide from the body is so intricately related to utilization of oxygen that it is often forgotten, yet excesses of carbon dioxide may lead to cardiac arrest and wreck the human machinery just as effectively as lack of oxygen does.

In all anesthetic procedures and particularly those for surgical intervention within the thoracic cavity, ventilation, either by the patient, the anesthesiologist, or by apparatus automatically or electronically controlled, is necessary at present to deliver oxygen to the alveolo-capillary bed in adequate amount per unit of time. In addition to this the human heart, or a suitable substitute, must circulate an adequate amount of whole blood (or reasonable oxygen-carrying menstruum) per unit of time to vital organs. Failure at any point along this complex assembly line will stop production just as surely as the breakdown of a single machine at one of our steel mills will halt the production of steel. Variations may occur, however, at many points and thus newer procedures have been made possible which were only speculative dreams a generation ago. At the far end of the line by cooling tissues, the speed of metabolism of cells may be decreased and thus their minute demand for oxygen decreased. Hypothermia[3,4] (reduced body temperature) during anesthesia has been tried in the United States and elsewhere primarily by surface cooling and has been most successfully used during operations upon the heart in children. More recently it has been used for adults during attempts to repair defects within the heart while circulation was interrupted. In France[5] the idea of reduced body temperature has been extended by the use of analgesic and antihistaminic drugs in combination with cooling, and the term "artificial hibernation" has been suggested. Although still experimental it is quite daring in its aim, that of reducing vital body functions to a state of suspended animation so that major surgery may be undertaken with minimal disturbance of cellular function and reduction of blood loss. During the state of hypothermia, body temperature is lowered to 27 degrees centigrade or less and blood pressure is appreciably reduced. The procedure is time-consuming and recent critical review of claims made for the method casts some doubt upon the exact site of action of the drugs and the factor of safety. It is suggested that "hibernation" is an improper term for the condition of induced hypothermia and that the action of the drugs used is a combination of brain depression and widespread synaptic blockade. Although the method is still experimental the reported results during the past year have been promising.

One cannot discuss lowering of body temperature during surgical procedures unless hypotension is included. Actually, induced hypotension preceded hypothermia by almost a decade. Gardner,[6] in this country in 1946, described with Hale his method of lowering blood pressure by arteriotomy to facilitate neurosurgical procedures which were attended by a high mortality due to hemorrhage at the operative site. Griffith and Gillies,[7] in Edinburgh, employed high spinal anesthesia to lower blood pressure by effecting total sympathetic or autonomic block during general anesthesia. They showed that systolic blood pressure can be safely lowered to levels of 80 mm. Hg. or lower without apparent damage to

the brain, heart, liver or kidneys if patients are carefully selected. In 1949, British workers[8] introduced hexamethonium compounds capable of producing chemical autonomic blockade superior to that obtained with spinal anesthesia or arterial bleeding. It was not long before American investigators were presented[9] with a thiophanium derivative named "Arfonad" which offered minute-to-minute control of blood pressure and theoretically increased the safety of the method. As with many new procedures, a wave of enthusiasm swept from Europe across the Western Hemisphere and difficulties were encountered as unqualified workers expanded the scope of the method against the advice of the original investigators.

With autonomic blockade there is a release of arterial tone or peripheral resistance and the blood pressure falls. With the systolic pressure as low as 60 mm. Hg. it is possible to maintain the capillary circulation if blood volume is within normal limits and capillary tone is unaltered. Efficient circulation of oxygenated blood insures adequate cellular respiration and metabolism and promotes good venous filling, in turn assuring adequate cardiac output. Circulation to the kidney may be altered but adequate function is maintained.

The method of induced hypotension was developed primarily to produce a dry bloodless field for the operating surgeon and, secondarily, to economize in the use of whole blood transfusions. It was not long, however, until anesthesiologists noted other advantages during clinical use and certain disadvantages as well became apparent. On the positive side, it was observed[10] that the patient under the effect of a hypotensive drug during general anesthesia remained pink in color with warm and dry skin, also that the maintenance of anesthesia was easy to control with a minimum of anesthetic agent. Disturbing reflexes during surgery and anesthesia, frequently leading to undesirable and deleterious changes in respiration and circulation were generally absent when the hypotensive technic was used. Possibly the hazard of reflex cardiac arrest is minimized. Secretions in the upper and lower respiratory tract were diminished; thus, ventilation was not impaired. Postoperatively the patients awakened quickly, were well oriented and did not appear to have as much pain as was expected from the operative procedure.

On the negative side it must be admitted that the method has narrower limits of safety and that the patient must have well compensated circulation and respiration in order to permit the use of this technic. Decompensation following occurrence of minor deficits in oxygen supply, carbon dioxide removal or inadequate blood replacement may occur. During the state of hypotension the circulation to the kidney and the function of the kidney may undergo marked changes. Controversy exists regarding the physiology of the kidney and possible adverse temporary or permanent changes from this newer method of surgical management. The adequacy of cerebral circulation has been of concern to many clinicians as well as the investigators who are not yet convinced that cerebral blood flow and oxygenation will be adequate in the anesthetized patient with autonomic blockade, a systolic blood pressure of 60 mm. Hg. and a pulse pressure of only 15 or 20 mm. Hg. Reported complications with the method have raised the fear of cerebral circulatory stagnation and thrombosis of vital vessels of the brain.[11] Planned investigation has been undertaken both in this country and in England in an effort to answer these questions.

At Hartford Hospital the value of the hypotensive method has been explored with the aid of surgeons and internists for surgical procedures in which excessive blood loss was anticipated and for procedures in which the presence of fresh bleeding might obscure the surgical field and increase the technical difficulties. Operations such as spinal fusion, radical mastectomy, neck dissection, radical hysterectomy and ligation of cerebral aneurysm were undertaken while patients were in a hypotensive state. Following the administration of hexamethonium salts or thiophanium compounds results were generally satisfactory but it is our opinion that the method is one that requires a high degree of skill and experience. We feel that it should be limited to procedures in which a greater degree of success can be expected only by its use or in which satisfactory operating conditions are obtained only by producing a relatively bloodless field. We consider it essential to utilize the services of two anesthesiologists, one to supervise the administration of intravenous fluids and hypotensive drugs, the other to administer the general anesthetic.

Returning to consideration of the cardiopulmonary system, pulmonary function will be considered as it relates to anesthesia and surgery. For many years anesthesiologists have shown an interest in oxygen therapy and this has now led to an awareness of the need for a broader approach to the principles involved in the mechanics of respiration, the utilization of oxygen, and elimination of carbon dioxide. Nor can one forget circulation in all its aspects when transport of oxygen is considered. World War II led to progress in revealing physiologic principles underlying hypoxia and hypercapnia but the development of apparatus for diagnosis and treatment

was slow. However, with expansion of aviation and submarine warfare, problems of pressure changes in the atmosphere as they affected oxygen and carbon dioxide exchange in the human body were partially solved. Now we have the benefits of wartime research, namely improved techniques in diagnosis and treatment of patients with diseases involving the heart and lungs, for example, pressure breathing by automatic apparatus during operations within the thorax. There are at least five different types of apparatus in existence which aid in the control of ventilation during general anesthesia, thus assisting us in our attempts to maintain normal values for arterial concentration of carbon dioxide and oxygen. You can visualize the progress which has taken place, yet in spite of rapid development of new methods and agents we still encounter difficulties about which we do not have adequate information. Sudden deaths in the operating room and in the immediate postoperative period occur too often and information concerning the cause is often lacking. Much has been written in both lay and medical journals regarding heroic resuscitative measures but it is our opinion that if we possessed more adequate information about patients preoperatively, hazards would be more frequently recognized and avoided. It is logical that there should be increased interest in the study of cardiopulmonary function prior to operation. In regard to the respiratory phase we should be able to make more intelligent preoperative evaluation of each patient if we obtain knowledge of the respiratory pattern and of alterations in pulmonary capacity and efficiency of ventilation.[12] A careful study of the respiratory status may lead to appropriate selection of agents and methods of anesthesia which may have a deciding influence on the planning and extent of the operation and, finally, on the prognosis. This is true whether the contemplated operative procedure is to involve structures within the thorax or remote from it. We shall purposely avoid going into details of the analysis of pulmonary function but would like to emphasize that a careful history and physical examination of the patient is still the most fundamental part of any preoperative work-up. From the simple observation of normal respiration and forced respiration one can get a rough idea of the general status of the patient in regard to his cardiopulmonary state. Formerly we were quite satisfied to learn that the mechanics of respiration were well accomplished by a patient. Now, however, as a result of postwar studies we are interested in the size of the small airways of the lung, the velocity of air as it passes through the bronchi, the mixing of fresh air with the gases in the pulmonary alveoli and the efficiency of carbon dioxide removal. Fluoroscopy and standard radiologic procedures will add to our information concerning the thorax and its contents. The efficiency of the diaphragm is of interest when assessing the mechanics of the chest. Bronchiolar spasm and its relief with drugs is yet another factor in the assessment of patients with pulmonary disease.

In order to evaluate patients who are considered poor physical risks and who are about to undergo major surgical procedures additional observations should be undertaken. Vital capacity, maximum breathing capacity and the response to bronchodilator drugs may be measured by simple spirometry. If it is essential to determine how much work each lung is doing one may turn to bronchospirometry and measure the ventilation and oxygen uptake of each lung separately. With this information in hand the surgeon oftentimes can determine whether or not it would be safe to remove a segment, a lobe, or the entire lung on one side. The following case report demonstrates the value of pulmonary function studies as described.

Case 4 is that of a 46 year old white male with pulmonary tuberculosis of nine years' duration who did not respond satisfactorily to artificial pneumothorax and specific antituberculosis drugs. Pulmonary function studies revealed normal values for maximum breathing capacity and walking ventilation. Differential fluoroscopy was not remarkable. Bronchospirometry, however, was most revealing since vital capacity of the right and left lungs was equal and ventilation on each side followed the normal pattern. However, oxygen consumption in the left lung was about 15 per cent of the total whereas that in the right lung was 85 per cent. The opinion of the medical-surgical staff, after conference, was that this patient had a tuberculous cavity in the right upper lobe and that the left lung which had been previously collapsed by pneumothorax for five years now showed a considerable amount of fibrosis, emphysema, calcification and chronic pleuritis. Accordingly a wedge resection of part of the right upper lobe was done and the patient was discharged improved after several months of bed rest and graduated activity. Repeat pulmonary function studies postoperatively at three months and eight months respectively revealed a maximum breathing capacity slightly greater than the preoperative reading. The single test of oxygen consumption during differential bronchospirometry proved conclusively that the right lung should be spared as much as possible since it was responsible for the uptake of 85 per cent of the oxygen needed by this patient. A right upper lobectomy or even a segmental resection of the lobe might have led to a serious respiratory deficiency and a "respiratory cripple".

The respiratory tests described can be performed in any hospital or clinic by physicians interested in cardiorespiratory physiology. In some institutions anesthesiologists have accepted the responsibility of performing these studies in the absence of other trained personnel. Similarly, clinicians with motivation to obtain information about the circulation can learn the procedures necessary to evaluate patients prior to surgical intervention in the presence of diseases of the heart and blood vessels. Teamwork is more essential for the latter task since the complex apparatus requires the presence of more than one individual and facilities of the laboratory and radiology departments are needed to successfully complete the more elaborate procedures.

Before leaving the subject of respiration and circulation it is worth noting the nationwide growth and acceptance of the postanesthesia observation room, commonly called the "recovery room". Lundy[13] described the advantages of such a room eleven years ago following its establishment at one of the hospitals associated with the Mayo Clinic. It was not long before others followed suit by allocating space in new hospital operating sections or rearranging rooms in existing buildings. The increased safety and comfort for patients has appealed to the public in many community hospitals where recovery rooms are now part of the surgical program. It is gratifying to learn that in the national joint accreditation program for hospitals, credit is given for the activation of a recovery room. After seven years of satisfactory experience in the supervision of the recovery room at Hartford Hospital it is our belief that patients can be cared for with greater comfort and safety following anesthesia and operation by specially trained personnel. If the recovery room assisted in lowering mortality and morbidity rates associated with surgical procedures and anesthesia it seemed reasonable to believe that newborn infants which showed any variation from normal might also benefit by a period of close observation by highly skilled personnel. Accordingly a section of the premature nursery at Hartford Hospital was set aside in June 1953 for the observation and special care of newborn infants who, in the opinion of the obstetrician, anesthesiologist or pediatrician, had not shown adequate respiratory exchange or muscle tone, or who had exhibited general depression as a result of medication or anesthesia administered to the mother during labor and delivery.[14] Infants below the weight of five pounds, four ounces are automatically admitted to the premature nursery which is adjacent to the delivery rooms, rather than one of the regular nurseries adjacent to the mother's room. The same advantages of constant observation and special care by a small number of skilled nurses with a concentration of necessary equipment are obtainable under these arrangements. The infant who may have required resuscitation in the delivery room may be immediately transferred in a matter of a few minutes to the recovery room where bassinets are available for controlled temperature, humidity and oxygen or other type of therapy.

Let us now turn and consider a problem in neuropsychiatry. Patients with psychiatric disorders who had been receiving electroshock therapy were of only casual interest to us in the past until the psychiatrists described difficulties that arose as a result of the treatment. These were either respiratory complications associated with apnea or aspiration of foreign material into the bronchial tree, or circulatory, in the nature of coronary insufficiency or myocardial failure. On occasion our services were requested for administration of anesthesia to facilitate reduction of fractures of the spine or long bones which resulted from the clonic phase of the grandmal seizures. Complications also occurred when attempts were made to use muscle relaxants without provision for safeguarding the airway or for resuscitation of the patient in apnea. A frank discussion of convulsive therapy in psychiatry led to the conclusion that the anesthesiologist might join the therapy team in an effort to allay fear prior to the electric shock, to prevent hypoxia during and after the procedure and to soften the convulsive tonic-clonic seizure. In September 1952 a program was instituted based upon the use of soluble barbiturate (thiopental sodium) and a short-acting muscle relaxant (succinylcholine chloride) intravenously plus oxygen inhalation by intermittent positive pressure.[15] The trial study proved so successful that the department of psychiatry has recommended that in general all patients requiring electroshock therapy receive a general anesthetic and a muscle relaxant under the direct supervision of a qualified anesthesiologist. To date approximately eight thousand procedures have been completed for outpatients and inpatients by a team comprising the psychiatrist, anesthesiologist, graduate nurse and nursing attendant. It is the consensus that the method offers increased comfort and safety to patients without alteration of desired therapeutic effect. The psychiatrist is happy to be relieved of responsibilities which lie outside the scope of his specialty. Further experience is necessary before specific claims can be made concerning improved results from the psychiatric standpoint.

Still another team on which the anesthesiologist has earned a berth is that which concerns itself with the care of patients with contagious diseases. Within the past two years in Connecticut we have

seen the disappearance of special hospitals for contagion and the acceptance by general hospitals of patients with infectious or contagious diseases. At Hartford Hospital a committee on contagious diseases is active in the formulation of policy concerning the overall care of this type of patient and a team has been organized primarily for the care of patients with poliomyelitis and similar diseases. This team includes an anesthesiologist who is charged with the procurement, maintenance and use of all respirators. He is also responsible for consultation service for all patients exhibiting respiratory inefficiency, in cooperation with an otolaryngologist. This arrangement has functioned satisfactorily since its inception.

It has been our aim to describe the broad rather than narrow interests which an anesthesiologist should have today. He cannot hide in the confines of the operating theater and perform technical tasks but must accept his clinical responsibilities as a member of the team offering complete medical and surgical care.

REFERENCES

1. Pollack, H., & Halpern, S. L.: Therapeutic Nutrition, Publication 234. National Academy of Sciences National Research Council, 1952, Washington, D. C.
2. Barbour, C. M.: Polycythemia in Relation to Anesthesia and Surgery, Anesthesiology 11:155 (March) 1950.
3. Swan, H., Zeavin, I., Blount, S. G., & Virtue, R. W.: Surgery by Direct Vision in the Open Heart During Hypothermia, J. A. M. A. 153:1081 (Nov. 21) 1953.
4. Dundee, J. W., Gray, T. C., Mesham, P. R., & Scott, W. E. B.: Hypothermia with Autonomic Block in Man, Brit. M. J. 4848:1237 (Dec. 5) 1953.
5. Laborit, H.: Anesthesia and Analgesia 10:16, 1953.
6. Gardner, W. J.: Control of Bleeding During Operations by Induced Hypotension, J. A. M. A. 132:572 (Nov. 9) 1946.
7. Griffiths, H. W. C., & Gillies, J.: Thoraco-Lumbar Splanchnicectomy and Sympathectomy, Anesthesia 3:134, 1948.
8. Paton, W. E. M., & Zaimis, E. J.: The Pharmacological Action of Polymethylene Bistrimethylammonium Salts, Brit. J. Pharmacol. 4:381 (Dec.) 1949.
9. Nicholson, M. J., Sarnoff, S. J., & Crehan, J. P.: The Intravenous Use of a Thiophanium Derivative for the Production of Flexible and Rapidly Reversible Hypotension During Surgery, Anesthesiology 14: 215 (May) 1953.
10. Steven, R. J. M., & Tovell, R. M.: Hexamethonium Salts as an Aid to the Orthopedic Surgeon, J. A. M. A. 154:402 (Jan. 30) 1954.
11. Davison, M. H. A.: The Case Against Hypotension, Anesthesia 8:255 (Oct.) 1953.
12. Tovell, R. M.: Newer Horizons for Anesthesiologists, Ann. Roy. Coll. Surgeons, England, 9:383 (Dec.) 1951.
13. Lundy, J. S., Tuohy, E. B., Adams, R. C., Mousel, L. H., & Seldon, T. H.: Annual Report for 1943 of the Section on Anesthesiology, Proc. Staff Meet. Mayo Clinic 19:408 (Aug. 9) 1944.
14. Hiekcox, C. B., & Tovell, R. M.: Recommended Expansion of Interests in Anesthesiology. In press—J. Kentucky State M. A., 1955.
15. Steven, R. J. M., Tovell, R. M., Johnson, J., and Delgado: Anesthesia for Electroconvulsive Therapy, Anesthesiology 15:623 (Nov.) 1954.

BALARSEN: A NEW ORAL ARSENICAL IN THE TREATMENT OF PUSTULAR BACTERID

(Case Report)

By BEATRICE H. KUHN, M. D.,
Charleston, West Virginia

INTRODUCTION

Balarsen, a new oral arsenical, is a brand of Arsthinol, N. N. R., and is a new chemical resulting from the condensation of 3-acetamido-4-hydroxybenzenearsonous acid and dimercaprol (Bal). It has been recommended in the treatment of yaws and amebiasis. At the present time it is under investigation for use in dermatology. The following report describes a case in which the response to this preparation was dramatic.

CASE REPORT

J. C. C., a 31-year-old white male, was first seen in October 1954 complaining of skin trouble of one and a half years' duration. He stated that the eruption first developed on his hands and that subsequently he noted a similar dermatitis on his feet. The eruption was characterized by erythema, scaling, fissuring and vesiculation. There was no history of any external contact or internal infection which could have produced or aggravated the disease. He had been treated previously with four quarter skin unit doses of x-ray therapy and numerous local preparations, without relief. On physical examination, the plantar aspect of both feet, web spaces of the toes, palmar aspect of both hands and lateral aspects of the fingers revealed a vesiculo-pustular eruption associated with marked scaling, fissuring, erythema, maceration, infiltration and excoriation. It was felt that this patient presented pustular bacterid.

He was treated with potassium permanganate soaks, starch baths, aluminum acetate solution soaks, x-ray therapy, vaccine therapy, hydrocortisone ointment, ACTH, intramuscular piromen, antihistamines and crude liver therapy, without relief. During this entire period of time he showed gradual but marked progression of his symptoms. Hospitalization for conservative care did not produce any improvement and he was put on chloraquin, again without relief. On May 2, 1955, he was started on Balarsen. He was continued on this medication, receiving three tablets once a day for two weeks alternating with the same period of rest through June 30, 1955. Two weeks after beginning of treatment with Balarsen, he showed marked improvement, far superior to that obtained from any other medication. On June 30, 1955, all lesions had disappeared. He was seen again after three weeks at which time he was entirely normal, and subsequent exam-

ination after the same period of time showed that he remained entirely normal. He has been under observation for three months following the discontinuance of Balarsen and, except for a mild fungus infection of the feet, has not shown further skin trouble.

SUMMARY

The treatment of a 31-year-old white male with Balarsen, a new oral arsenical, for pustular bacterid, is described. The patient previously was treated with x-ray therapy, vaccine therapy, ACTH and many other medications, without relief or improvement. Following the institution of Balarsen therapy, this patient, for the first time showed marked and continuing relief. After almost two months of Balarsen therapy his skin became entirely normal. He was observed for three months following the discontinuance of Balarsen and showed no indication of recurrence of his previous trouble.

DISCUSSION

Arsenic is one of the oldest, best known and, possibly, most dangerous medications known to the dermatologist. In many skin diseases, arsenic is beneficial and even curative. Balarsen, a new oral arsenical, has many advantages. It represents an arsenical preparation which may be taken my mouth, with low toxicity and high effectiveness. In the case reported there was no response to any of the conventional methods of treatment for a pustular bacterid but there was dramatic and entirely satisfactory response to Balarsen.

HORDERISMS

One of the world's greatest physicians was the late Lord Horder of England. Although he was physician to the royal family, he never lost the common touch. In a number of successive issues the British Medical Journal has had material about this great man. It is doubtful if it ever published more tributes from more men in all walks of life than were paid Lord Horder.

One of his former house physicians recalled a number of his wise and witty sayings, which became known as "Horderisms." These are worthy passing on to readers of this journal.

"Make a friend of your doctor, but don't make a doctor of your friend." "I would treat Beelzebub himself if he came into my counsulting-room." "The preservation of health . . . depends on temperance and a quiet mind." "It is the duty of a doctor to prolong life. It is not his duty to prolong the act of dying." "Someone must preserve his poise, and, if the clinician does not, no one does." "Successful medicine is understanding touched with sympathy." On his eighty-third birthday he said: "The more I get to know men the more I like them, for to understand them is to love them."—North Carolina Medical Journal.

THE USE AND ABUSE OF ELECTROSURGERY

By HU C. MYERS, M. D.,
Philippi, W. Va.

It is generally conceded that electrosurgery is superior to other methods for the treatment of many malignancies and certain other diseases. In spite of this fact, interest in the subject has waned in recent years. The enthusiastic reports of the late 1920's and early 30's were greeted by widespread acceptance of the new procedures and were freely used by the trained and untrained alike. The inevitable occurrence of bad results caused many surgeons to abandon the use of electrosurgery or to limit its use to a very narrow field. In the meantime, the art and science of surgery has gone forward, stimulated by the discovery of efficient antibiotics, the development of safe and easy methods for the transfer of blood, and improved technics in anesthesia. If electrosurgery is to attain its proper niche in the surgeon's armamentarium, it would seem that the basic principles and indications regarding its use must be critically reevaluated in the light of present day knowledge.

Electrosurgery is the employment of high frequency oscillating currents for the destruction of tissue. The result obtained depends upon the character of the current used, which in turn varies with the type of rectification, voltage, amperage, shape of the active electrode and other minor factors. The qualities of the current can be altered to produce three types of result: desiccation, coagulation, or cutting. A desiccating current produces a superficial dehydration; a coagulating current causes a deeper destruction of tissue; a cutting current divides tissue, leaving a wound which has coagulated edges. All three types of effect are essentially thermal burns and to be properly appraised must be considered as such.

Desiccation usually is accomplished with a needle and no indifferent electrode is used; coagulation may be done with a needle or a ball-type electrode, depending on the type of rectification which is being used; cutting is done with an active electrode (usually called a high frequency knife) which may be a needle, a blade, or a wire loop. For both coagulation and cutting, an indifferent electrode is necessary.

The effects of electrically generated heat on tissues are both good and bad. The ones which are beneficial and thus may be used to advantage in surgery are: (1) the coagulating effect on the endothelium of capillaries and the walls of smaller vessels which produces hemostasis, (2) the controlled destruction of tissue, (3) the sterilization

PHOTO DATA. CAMERA: 4X5 REFLEX; EXPOSURE: 1/200 SEC. AT F.8 EXISTING LIGHTING.

ACHROMYCIN*

Hydrochloride
Tetracycline HCl *Lederle*

widely prescribed because of these important advantages:

1) rapid diffusion and penetration
2) prompt control of infection
3) negligible side effects
4) true broad-spectrum activity (proved effective against a wide variety of infections caused by Gram-positive and Gram-negative bacteria, rickettsiae, and certain viruses and protozoa)
5) every gram produced in Lederle's *own* laboratories under rigid quality control, and offered *only* under the Lederle label
6) a *complete* line of dosage forms

LEDERLE LABORATORIES DIVISION *AMERICAN Cyanamid COMPANY* PEARL RIVER, NEW YORK

Lederle

*REG. U. S. PAT. OFF.

of tissue and (4) the production of a wound which has coagulated surfaces.

HEMOSTASIS

The high frequency knife seldom is used entirely for its ability to control bleeding. The sealing of capillaries usually is an incidental accomplishment. On the other hand, one of the chief uses of coagulation is to control bleeding from smaller vessels, especially in neurosurgery and urology. In the latter branch of surgery, coagulation of bleeding vessels under water is an indispensable part of transurethral operations on the bladder and prostate gland.

CONTROLLED DESTRUCTION OF TISSUE

The destruction of accessible neoplasms by electrocoagulation is more accurate than chemical cauterization. The process can be completed rapidly. There is less danger of postoperative hemorrhage since the surgeon has visual control over the depth of coagulation and can isolate and ligate large vessels when necessary. Coagulation can be used to destroy the epithelial lining of cysts, also the mucosa of such structures as the gallbladder when cholecystectomy is indicated and when the organ cannot be safely removed because of technical difficulties. Desiccation usually is the preferred method of destruction of keratoses, moles, papillomas and other superficial skin lesions.

STERILIZATION OF TISSUE

Heat which is sufficient to coagulate tissue also is intense enough to destroy bacteria and tumor cells. It can be used to sterilize tissue which is locally infected or surface contaminated. One of the chief uses of this effect is the sterilization of the ends of the severed intestine during the course of intestinal resection and anastomosis. This function, while still valuable, is not needed as much as it was before the advent of chemotherapy and the antibiotics.

UNDESIRED EFFECTS

There are certain adverse results of electrosurgery, some of which are inherent in the methods themselves and some of which accrue from the improper use of electrical currents: (1) a burned surface will not heal by first intention; therefore, electrosurgery should not be used for an incision where rapid healing is essential or where scarring should be kept at a minimum. For the same reason, it should be avoided in areas with a deficient blood supply such as the leg and foot, especially in the aged. (2) The high frequency knife has little tendency to follow tissue planes and therefore should not be used in operations near important vessels and nerves nor for the enucleation of cysts. (3) Electrosurgery discolors tissues and therefore should not be used for bluish-black or grey nevi since the surgeon is not able to distinguish the ramifications of the tumor from coagulated tissue. Three cases of melanoma treated inadequately by electrosurgery will be used to illustrate this point:

Case Number 16858.—E. F. M., a white male telegraph operator, was first seen July 7, 1938. Chief complaint: Lumps under the skin of the trunk and extremities, and malaise. The nodules had been present and growing for two months. The past history revealed that a pigmented mole on his back had been desiccated or coagulated "seven or eight years" before. Physical examination revealed numerous firm, discrete, nontender nodules under the skin of the trunk and extremities. One of the nodules was removed and sent to the pathologist. The pathologic diagnosis was "metastatic melanoma". The patient had a rapidly downhill course and died July 25, 1938, less than three months after the first nodule appeared.

Case Number 36298.—J. T. C., a white coal miner aged 28 years, was first seen July 18, 1946, with the complaints of "knots" under the skin, weakness, loss of weight, anorexia, nausea and vomiting. He gave a history of having had a brown wart-like growth removed from the medial aspect of the left foot by electrosurgery in May 1945. In December of the same year, a darkly pigmented, flat area about 5 mm. in diameter appeared in the same location. This was also removed electrosurgically. Ten months later the patient found a nodule in the right axilla; a few days later a node appeared on the chest and one on the right leg, rapidly followed by others on the arms and trunk. Physical examination revealed numerous nodules under the skin of various parts of the body. Some were red, while others had a bluish discoloration. One of the nodes was removed for biopsy. The pathologist reported a very active epitheloid type of metastatic melanoma. Cerebral metastasis developed from which the patient died October 7, 1946, 17 months after he was first treated by desiccation.

Case Number 32121.—E. M. S., a white female, school teacher was seen September 24, 1949. Chief complaint: "Ulcer on the back." She gave a history of having had a pigmented mole on her back for many years. Two months before being seen by us she had been treated by a dermatologist with "x-ray and an electric needle". The ulcer which resulted failed to heal. A wide excision of the ulcer was advised and the procedure carried out at once. The histologic report was "juvenile melanoma in association with chronic ulcer". Eleven months later, small pigmented areas appeared about the scar. These were ex-

cised and again the report was "melanoma". Two months later, there were numerous pigmented areas over the skin, subcutaneous nodules appeared, and ascites developed. She died December 23, 1950, approximately eighteen months after the mole had been coagulated.

It has been emphasized repeatedly by Pack[1] and others that bluish-black nevi should be removed by wide and deep scalpel dissection. If there is evidence of active growth or ulceration, the lesion must be considered a melanoma and treated by still more radical surgery. In these illustrative cases, the electrosurgery which was used must be considered inadequate, and probably a precipitating factor in the rapid dissemination of the neoplasms.

Two common adverse effects of electrosurgery are the result of improper use of the high frequency currents. They are charring and sloughing beyond anticipated limits.

Charring is caused by the use of a coagulating current which is too intense and which rapidly burns the tissues rather than slowly coagulating them. It may lead to immediate or delayed hemorrhage which is difficult to control. For this reason, a current which gives enough heat to produce charring should be carefully avoided.

Sloughing beyond the intended area of tissue destruction may result either from a current which is too intense or from the prolonged application of a coagulating or cutting current. Hamm and Kanthac[2] reported two cases of plastic repair of the penis for gangrene which followed circumcision by the high frequency knife. The physicians who did the original operations were searching for a method of easy, bloodless circumcision and apparently were unaware of the many deleterious effects which might occur. These cases illustrate also an unnecessary use of electrosurgery. It is difficult to understand why it was thought that the high frequency knife was needed for such a simple operation as circumcision.

These illustrations are used to cite some of the abuses of electrosurgery. Abuses of scalpel surgery also exist. Especially is this true in the treatment of malignant neoplasms which may spread rapidly through a wound made with the scalpel if tumor cells are accidentally scattered in the freshly cut tissues. The use of a cutting current in such operations will almost surely prevent such occurrences.

Surgeons should recognize the benefits to be derived from electrosurgery. They should recognize also the necessity of learning the basic principles of this type of surgery, and should spend enough time familiarizing themselves with the various types of currents to become proficient in good electrosurgical technic. Those who are untrained in surgical diagnosis, management and technic should not utilize electrosurgery, for it cannot be considered a short-cut to good surgery.

CONCLUSIONS

1. Electrosurgery is a valuable adjunct to the surgeon's armamentarium.

2. Operations performed by means of these high frequency currents should be as thorough and skillful as those done with the scalpel.

3. The trained surgeon should become thoroughly familiar with the principles of electrosurgery before he undertakes its use.

4. The high frequency currents should be more widely used but only when they are indicated.

REFERENCES

1. Pack, G. T., Ehrlich, H. E., & Gentil, F. de C.: Radical Amputation of the Extremities in the Treatment of Cancer, Surg., Gynec. & Obst. 84:1105-1116 (June) 1947.
2. Hamm, W. G., & Kanthak, F. F.: Gangrene of the Penis Following Circumcision with High Frequency Current, Plastic Reconstruction of the Penis, Southern Med. Journal, 42:657-659 (August) 1949.

TUMORS OF THE LARYNX

Both benign and milignant tumors are encountered in the larynx. Probably the two commonest benign ones are polyps and single papillomas. These lesions look so much alike that they are difficult to differentiate by mirror laryngoscopy. Multiple papillomas are the most pernicious tumors seen in the larynx of little children. Despite persistent removal, they continue to recur.

Vocal nodules are always the result of vocal abuse. Vocal rest may be all that is necessary in the early stages but long standing nodules require surgical removal. Contact ulcers occur on the vocal process and are accompanied by granulating tissue. They eventually clear up with vocal rest and speech therapy.

Granulomas sometimes develop on the vocal process in patients who have had intratracheal anesthesia. They usually respond favorably to surgical removal. Polyposis of the vocal cords is the end result of chronic laryngitis. Surgical excision is indicated.

The most serious tumors of the vocal cords are malignant ones. Complete cure can be obtained in the early ones by excision by the oral route with the aid of the suspension laryngoscope. Unfortunately, only 6 per cent of cases are seen early enough to warrant this type of procedure. If cancer involves a greater portion of a vocal cord but the cord still shows normal function, the laryngofissure operation makes it possible to extirpate the lesion and still save the larynx. For more extensive growths with fixation of one vocal cord or subglottic extension, laryngectomy offers hope of permanent cure, provided matastasis has not occurred.—Francis E. LeJeune, M. D., in J., Louisiana St. Med Soc.

COMMUNICABLE DISEASES IN MONONGALIA COUNTY, 1949-1954*

By JOHN WILLIAM LEMLEY,†
Pittsburgh, Pa.

This is a study of the social and economic conditions udner which the individuals lived who contracted poliomyelitis, scarlet fever, typhoid fever and all varieties of meningitis during the period 1949-1954, in Monongalia County, West Virginia.

The name and whereabouts of each person having had any one of the above mentioned diseases were obtained from the files of the local county health department and from local hospital files. Wherever possible, a personal interview was then had with the patient or his parents or guardians, or all three. This premitted varification of the history of the disease and at the same time observation of the socio-economic conditions of the patient. The information thus obtained was tabulated and is presented herein.

GEOGRAPHY AND ECONOMICS OF THE AREA

Nestled in the foothills of the western slope of the Alleghenies, Monongalia County comprises 365 square miles through which flows the Monongahela River. The general altitude of the area is about 1,256 ft., the mean annual rainfall 42.42 in. and the mean annual temperature 53.5F. ± 0.6F. The population in 1950 was 60,797, of which more than half (35,000), was concentrated along the river in the towns of Morgantown and Westover and their immediate environs. The people of Monongalia County have excellent educational opportunities. A large portion of each high school graduating class attends the state university at Morgantown, giving this county one of the better educated populations of the state.

The chief industry is mining of bituminous coal. Agriculture is a close second. Other industries employing significant numbers of persons include glass factories, brass plumbing supplies manufacture, chemical industry and education and research.

During the period under study, 1949-1954, the mining industry in particular was subject to considerable fluctuation in this area. During 1949 and the first half of 1950, the mines worked only part time, if at all. Following the outbreak of the Korean conflict, Monongalia County began again to participate in a nationwide wartime economy which resulted in the maintenance or improvement of living standards of the people.

Urban Monongalia County includes Morgantown and Westover, a total population of 30,000 to 35,000. Most of the residents of this area have adequate housing supplied with city water and sewage facilities. Many sanitary sewers, however, discharge into open streams, and the Monongahela River eventually receives the sewage of the whole area without any secondary treatment.

Rural Monongalia County is made up of coal mining camps, small farming communities and farm families. In such areas, drinking water usually comes from a well or spring, with the sanitary facilities consisting of an outdoor toilet or a cesspool. A few of the communities just outside the urban area are supplied with city water and sewage disposal facilities, but many families within these same areas rely upon the well and privy.

This brief resume may permit a better understanding of the general socio-economic environment of the area.

ANALYSIS OF DATA

Table 1 shows little difference in incidence of any of the diseases surveyed as between urban and rural communities. Since 1951, the incidence of scarlet fever and that of typhoid fever have decreased greatly. Poliomyelitis and meningitis also have been on the wane. Part of this general reduction in the frequency of these diseases may be due to the greater availability and utilization of anti-infectious drugs. A more rigidly enforced health policy carried out by county and state health departments has been undoubtedly a factor in the reduction in incidence of typhoid. The decrease in incidence of poliomyelitis, on the other hand, probably is due either to (1) chance, or (2) the educational value of wide publicity, resulting in (3) parents keeping their children from crowds and from fatigue as much as possible during the fall months.

Table 2 shows that poliomyelitis tends to be more prevalent in late summer and early autumn,

Table I
INCIDENCE BY YEAR AND LOCATION

	Poliomyelitis		Scarlet Fever		Meningitis		Typhoid	
Date	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
1949	2	7	1	5	3	2	3	2
1950	4	6	3	4	8	5	6	2
1951	0	0	4	2	3	6	0	2
1952	2	2	1	0	3	5	1	0
1953	2	0	1	0	2	5	0	0
1954	1	1	1	2	1	1	0	0
Totals	11	16	11	13	20	24	10	6

*The study was made possible by a grant from the National Foundation for Infantile Paralysis through the West Virginia School of Medicine and Monongalia County Health Department. The study was under the supervision of Clark K. Sleeth, M. D., Associate Professor of Medicine at West Virginia University, and Acting County Health Officer of Monongalia County.

†Fellow of the National Foundation for Infantile Paralysis.

but that sporadic cases are encountered at any time of year. Scarlet fever is more common during winter and early spring, and virtually absent during the summer months. This agrees with the time of year when the finding of streptococci in upper respiratory discharges of individuals is most common. There is surprisingly little tendency to seasonal incidence of either typhoid or meningitis.

Table 3 indicates no predilection of any of the diseases studied for either sex. Children in the age group 6-13 appear to be more susceptible to scarlet fever and to poliomyelitis. This seems to verify the impression that person to person contact is likely an important factor in the spread of both of these diseases. Meningitis is more frequent in the age group 0-5. It is probable that these children have not yet acquired much resistance to those organisms which cause meningitis. It is difficult to draw any conclusions as to the age incidence of typhoid from so small a number of cases.

Table 2

INCIDENCE BY MONTH

Months	Poliomyelitis	Scarlet Fever	Meningitis	Typhoid
January	1	4	5	1
February	0	0	1	0
March	1	5	6	0
April	2	2	4	2
May	1	2	6	0
June	3	0	5	1
July	0	0	2	2
August	2	0	3	5
September	10	1	5	1
October	5	3	2	0
November	2	5	3	4
December	2	5	3	4
Totals	27	24	44	16

Table 3

INCIDENCE BY AGE AND SEX

Age	Poliomyelitis Male	Poliomyelitis Female	Scarlet Fever, Male	Scarlet Fever, Female	Meningitis Male	Meningitis Female	Typhoid Male	Typhoid Female
0-5	5	3	5	4	15	10	0	0
6-13	6	7	4	8	5	4	2	4
14-18	1	2	1	1	0	0	0	0
19	1	2	0	1	5	5	4	6
Totals	13	14	10	14	25	19	6	10

ENVIRONMENTAL FACTORS

In surveying the socio-economic factors surrounding each individual case of disease, it was possible to obtain certain objective information. The occupation (of the patient or the head of the household) could be established, as could the number of children in the family. Water source and sewage disposal facilities were noted. Information as to quality of housing was necessarily only semi-objective, as was that with regard to family income.

A more or less arbitrary scale was used to classify the housing facilities of the families concerned. Housing was rated as follows:

Class 1.—Excellent. Less than one person per room, good sanitary, lighting and heating facilities. Well maintained property.

Class 2.—Good. One person per room. Satisfactory sanitation, lighting and heating. Well maintained.

Class 3.—Modest. One to two persons per room. Satisfactory sanitation, lighting and heating. Moderately well maintained.

Class 4.—Poor. Three to four persons per room. Sanitary facilities poor or antiquated. Lighting and heating sometimes adequate, sometimes not.

Class 5.—Very poor. Five or more people per room. Inadequate in every respect.

An attempt was made to place each family within a broad income group, based upon questioning and observation. In Monongalia County during the period under consideration, the annual income ranges were as follows: $5000 or less—60 per cent, $5000 to $10,000—30 per cent, over $10,000—10 per cent. In about three-quarters of the cases studied, the family income was estimated to fall within the lower bracket.

Table 4 presents in a condensed form the pertinent information obtained from the families interviewed. It will be seen that of 111 cases of

Table 4

SOCIAL AND ECONOMIC DATA OF FAMILIES IN THE STUDY

	Poliomyelitis	Scarlet Fever	Meningitis	Typhoid	Total
Total Cases Reported	27	24	44	16	111
Total Interviewed	22	19	32	11	84
Occupation of Patient or Head of Household					
Miner	7	8	13	4	32
Farmer	6	4	4	3	17
Service employee	4	4	7	2	17
Factory	1	2	2	0	5
Other	4	1	4	1	10
Unemployed	0	0	2	1	3
Income (Annual)					
Range	$3000 to $8000	$2000 to $7000	$1000 to $9000	$1000 to $6000	
Average	$5000	$4500	$4500	$3500	
Housing					
Owned	12	10	15	7	44
Rented	10	9	17	4	40
Class					
1	8	2	7	1	18
2	7	5	5	2	19
3	1	5	2	1	9
4	5	6	17	6	34
5	1	1	1	1	4
Average Number of Children per Family	2.86	5.1	4.53	3.64	
Sewage Disposal					
City	12	8	7	4	31
Other	10	11	25	7	53
Water					
City	13	11	10	6	40
Well or spring					
Protected	5	8	19	2	34
Unprotected	4	0	3	3	10
Outcome					
Complete recovery	8	19	30	10	67
Incomplete recovery	12	0	1	0	13
Died	2	0	1	1	4

disease, only 84 could be located for interview. Ten were known to have moved out of the area; the remaining 17 could not be located.

Certain interesting factors are revealed by a study of Table 4. The figures regarding occupation appear to parallel closely the proportion of the various groups in the general population of the county. Average income in each disease falls within the $5000-or-under bracket. Fewer than a quarter of the individual cases occurred in the 40 per cent of the population above this income level.

About half the families owned their home, a figure which compares almost exactly with that for the entire county. The quality of the housing, however, appears to be of some significance. Of the 84 families interviewed, 38 lived in homes classed as poor or very poor (see above), while the housing of 37 families was described as excellent or good. This trend is most noticeable in those instances of typhoid fever and of meningitis and least evident in poliomyelitis.

Of the eleven cases of typhoid fever, only one was known to have been in contact with a carrier, but over half gave a history of travel to homes or camps where water sources in particular were at least questionable.

The figures on the outcome of the poliomyelitis open an interesting area for speculation. If only eight of 22 cases showed complete recovery, then it seems probable that, as is usually the case, more cases were being missed than were being diagnosed. Incidentally, only one family reported more than one case during the period under study. In this instance, two additional cases developed in the family within thirty days after the first.

SUMMARY

This study is presented without any attempt to draw conclusions from the limited material available. It is of interest, nevertheless, to note here that virtually half of the reported cases of the four communicable diseases over a six-year period occurred in families occupying housing classified as poor or very poor. The implications of this fact may be farreaching.

LOW BACK PAIN

Conflict of opinion on the subject of low back pain will be with us forever unless we realize that it is behaviour which disturbs the mechanics of the back, all day and every day, and that it is only through a re-education of behavioural attitudes that we will alter these mechanical faults. If I were asked to sum it up in one phase, I would say that what is wanted in order to restore a balanced equilibrium to the body is not a strengthening of muscle, but an integration of intention.—Wilfred Barlow, B. M. Oxfd., in The Lancet.

PROBLEMS IN MENTAL RETARDATION

We, as physicians, as a rule, are almost totally unaware of the problems of mental retardation. Yet there is no other problem, not even cancer, in which our understanding, guidance, encouragement, and moral support are more desperately needed than when parents come to face the fact that their child is retarded.

Our reaction has usually been: "Your child is retarded, he will probably not be educable, there is nothing we can do for him. Your best solution is to make out commitment papers in order to have him institutionalized at the earliest opportunity."

No remark could be more wrong, not only in crushing the parents' hopes and aspirations for their child, but also in prognostication.

The physician should be slow in diagnosis of retardation, except in the most obvious cases; a child may have physical characteristics suggestive of mongolism, for example, and yet follow a perfectly normal development pattern. Still we must be alert to recognize early any deviation from normal, as in the case of cretinism where early diagnosis and treatment prevent mental deficiency.

Neither should we hesitate to inform parents of doubts concerning the child's mentality, once he shows abnormal patterns of development.

Prognosis as to the ultimate amount of retardation is even more uncertain. There are as many degrees of retardation in mongolism as there are in other undifferentiated amentias. It is impossible to predict what mental age an infant will attain, as the psychometric tests available are unreliable prior to age three.

It has been found that the majority of retarded children can be cared for adequately in the home if the parents are willing to accept the responsibility and are anxious to further the welfare of their child. Only for the very severely retarded children should institutionalization be recommended, and then certainly not at the time the parents are first presented with the diagnosis of retardation.—Amy S. Barton-Blatt, M. D., in J. Am. Medical Women's Assn.

THE FIGHT AGAINST MENTAL ILLNESS

The year 1955 may well go down in history as a memorable milestone in the fight against mental illness. Certainly the past few years have seen a remarkable upsurge in interest and attention paid to various psychiatric illnesses and it would appear that this area of human suffering has finally become recognized in its true light.

Sigmund Freud began his epochal researches during the last quarter of the past century. Since then it has become increasingly clear that the majority of personality problems have their origins in the formative years of childhood. This means that if we are to win the fight against emotional illness we must provide our children with increasingly improved emotional environments so that they will grow into more mature individuals capable of doing an even better job with their own children.—Stuart M. Finch, M. D., in Temple University Medical Center Bulletin.

STATE MEDICAL JOURNALS

It has been predicted from time to time that state medical journals are doomed to die, because eventually they will have no scientific function. There are those who have expressed the belief that special journals and other media such as television and radio may usurp so much of the present educational function of our state medical journals that there will be no place for them. A brief scrutiny of certain facts that have become evident in the past few years shows that, contrary to the above predictions, the trend is precisely in the opposite direction. State medical journals are assuming a place of greater rather than leser importance.

Let us define some of the prime functions of a state medical journal. To the physician there are, in order of their importance: the publication of scientific articles on medical subjects in general; those of a newspaper dealing in news of special interest to physicians: a means of communication between members, committees, officers, and governing bodies such as the Board of Councilors and the House of Delegates with the recording of significant historical data; and, not the least important, advertising, chiefly pharmacuetical. . .

When one considers the advertising angle, the first axiom is that the volume of advertising will closely parallel the reader-interest of the publication. In other words, the advertiser will not spend his money unless he believes the people he wants to reach are reading the journal and, consequently, reading his ads. Basing our conclusions on volume of advertising again supports the conclusion that state medical journals are more widely read than any other journals.

In 1953-1954, advertising increased, in the 33 state medical journals comprising the membership of the Bureau (Ed: State Journal Advertising Bureau), by 2,244 pages, a one-year increase of 22.3 per cent. The 33 member journals comprise an area of 37 states and Hawaii, with a total circulation of 114,597. Seven non-member state journals deliver another 81.106 readers. The combined national total is 195,603. Each state medical journal delivers more readers in its area than any other journal, and the same holds true in any given market-area. As an example, the member-journals in the West North Central (7 states) Area deliver 7,000 more readers than any other medium.

The fact that the advertiser is buying more space and using more expensive spread is substantial evidence that he believes the state medical journals are gaining popularity and in consequent reader-interest.

On the basis of the factual data briefly presented above, the prediction of the death of our state medical journals by slow starvation cannot be foreseen at this time. They are, on the contrary, in their ascendency.—Nebraska State Medical Journal.

JOINT ACCREDITATION

The American College of Surgeons abandoned the hospitalization standardization program in 1952, but as it was known the American College of Surgeons was abandoning this program, a new method of inspection of hospitals was devised through the joint efforts of the American College of Physicians, the American College of Surgeons, the American Medical Association, the Canadian Medical Association, and the American Hospital Association.

The Joint Commission on Accreditation of Hospitals is an independent voluntary corporation organized to render a public service. Its main purpose is, in effect, the same as the program of the American College of Surgeons. This committee accepted full responsibility for the accreditation of hospitals on January 1, 1953.

The method of making inspections and providing accreditation is parallel to that established by the American College of Surgeons, and the point rating system used in the inspection of a hospital is almost identical to the point rating system developed by the American College of Surgeons. The minimum requirements for application are (1) listing by the American Hospital Association, (2) operation at least for one year, and (3) minimum size of 25 adult beds. Special hospitals such as children's hospitals and ear, nose, and throat hospitals are rated on their individual merits.—Roy Wilmesmeier in Texas State Journal of Medicine.

BOUND VOLUMES OR MICROPRINTS

The costly and inefficient preservation of medical literature in bound volumes on library shelves has very properly been brought under attack by R. H. Kampmeier, Editor of the Southern Medical Journal, in a recent editorial.

He estimates that it costs about $425 to acquire, bind and store each volume for a period of 50 years. At an average of close to two volumes a year, this means an expenditure, for large libraries, of well over $6,000 a year to keep most of the 500 U. S. medical journals alone. And paper won't last forever, as he points out.

Doctor Kampmeier holds no brief for any of the available methods of concentrating our medical literature, but he urges strongly that the American Medical Association assume the responsibility for bringing some order out of the existing chaos before it is too late. He suggests that a Council on Medical Literature and Libraries should be formed to take on this job. We warmly second this sensible and timely suggestion! —Hawaii Medical Journal.

NEW BATTLE BREWING

The crisis which faces medicine is considered to be the most serious since the 1949-50 attempt to enact a system of compulsory health insurance. It was brought about by an unexpected blitz in Congress when the House of Representatives by a surprise majority—372 to 31—passed H. R. 7225, an amendment to the Social Security Act. Action was speedy under a virtual gag rule.

The measure, which still has to hurdle the Senate and presidential approval, goes a long way in broadening the Social Security provisions. It would leave only a few more short steps to complete "cradle-to-grave" socialistic system.

Medicine's greatest concern is with that section providing for compulsory cash disability benefits to those over 50. This would have a direct effect on the medical profession and the future of the American medical system.—Illinois Medical Journal.

The President's Page

Can we get a sensible autopsy law in West Virginia? We all are familiar with the ruling of the AMA Council on Medical Education and Hospitals which now requires 25 per cent autopsies on all deaths occurring in a hospital before extending accreditation to that hospital for interne and resident training.

Due to the antiquated post-mortem laws in West Virginia doctors who perform autopsies have a great responsibility. Our autopsy rates may fall short due to the reluctance of our physicians, and especially our pathologists, to perform post-mortems until an iron-clad permit has been obtained.

In West Virginia, if the decedent leaves surviving no spouse, then consent must be obtained from ALL children. If decedent leaves surviving no spouse, no children, no grandchildren or the like, then consent must be obtained from ALL brothers and sisters.

Three states, realizing the tremendous value to their citizenry of obtaining the benefits of autopsies, have enacted up-to-date legislation. These states are Wisconsin, South Dakota and New Jersey. The Wisconsin statute might well be used as a model by our state.

This statute authorizes a licensed physician to conduct a post-mortem if he obtains consent from ONE who has custody of the body for burial purposes, whether it be father, mother, husband, wife, child, guardian, next of kin, or, in the absence of those named, a friend, or a person charged by law with the responsibility for burial. If two or more persons assume custody of the body, the consent of ONE is sufficient.

Legislators have naturally been reluctant to interfere with time-honored rights and feeling of the decedent's survivors and therefore have soft-pedaled and pushed aside autopsy questions during these years of rapid advancement in medical science. They must be informed of the great amount of good that can come from information obtained at post-mortem; they must be given the reasons why autopsies are important.

I suggest that the members of our Section on Pathology (West Virginia Association of Pathologists) continue their efforts to obtain a new and up-to-date statute in West Virginia; that they prepare and offer a proper resolution to the House of Delegates next August; and that they confer with our Fact Finding and Legislative Committee and attorney in preparing a suitable bill for introduction in the Legislature in 1957.

President

West Virginia Medical Journal

Official Organ of
The West Virginia State Medical Association
302 Atlas Building, Charleston, West Virginia

Member

1956

Editor
Wolter E. Vest, M. D. (1956) ..... Huntington

Managing Editor
Mr. Charles Lively ..... Charleston

Associate Editors
G. G. Irwin, M. D. (1957) ..... Charleston
R. H. Edwards, M. D. (1958) ..... Welch
Wm. M. Sheppe, M. D (1959) ..... Wheeling
George F. Evans, M. D. (1960) ..... Clarksburg
E. Lyle Goge, M. D. (1961) ..... Bluefield
Edward J. Van Liere, M. D. (1962) ..... Morgantown

Business Manager
Mr. Charles Lively ..... Charleston

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association.

Original articles are accepted on condition that they are contributed exclusively to the Journal.

Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

THE CONTROL OF ANGINAL PAIN

Since William Heberden's classic description of breast pang, the pain which he named angina pectoris, the control of pain in this condition has been a continuing challenge to the physician. For many years nitroglycerin (glyceryl trinitrate) has been considered a sheet anchor, but it has not always been uniformly effective. In addition, various other agents have been used with varying efficacy among which may be mentioned alpha-tocopherol, erythrityl tetranitrate Erythrol), Khellin, mannitol hexanitrate, papaverine, pentaerythrol tetranitrate and testosterone propionate.

Another drug recently investigated is triethanolamine trinitrate biphosphate which has the following formula: $N(CH_2CH_2ONO_2)_3\ 2H_3PO_4$. Junkmann announced its vasodilating effect in 1940 and several investigators have studied its properties since.

One of the most extensive of these studies has been that of Fuller and Kassel at Sinai Hospital, Baltimore, and their research is reported in considerable detail in the Journal of the A.M.A., December 31, 1955. They used the product of Thomas Leeming and Company which bears the trademarked name of Metamine. This drug was given to seventy-one patients, 49 males and 22 females. Fifty-one had histories of angina ranging from six months to eleven years, and twenty had had no previous treatment for angina. The average number of anginal episodes daily before the use of Metamine had been 7.1 but with the use of Metamine the average daily number was reduced to 3.4. Eighty-two per cent of the group showed improvement.

From this work it seems reasonable to conclude that the effect of Metamine is in general similar to that of nitroglycerin in that it produces coronary vasodilatation with consequent increase in coronary blood flow, and that there is also increased myocardial oxygen consumption with reduced cardiac output. Moreover it would appear that the toxicity of the two drugs is about equal and that the depression of peripheral blood pressure is much less with Metamine than with nitroglycerin. The response to Metamine is apparently slower than is that of nitroglycerin, but much longer sustained, lasting probably about six hours. The dosage varied from 2 to 6 mg. four times daily. Nitroglycerin was not excluded in the treatment, but was used when the pain seemed to require it.

We quote their conclusions:

"Metamine (the biphosphate salt of triethanolamine trinitrate) is a long-acting coronary vasodilator and is effective in the prevention of anginal pain. In comparison with other vasodilators, it is more effective, milligram for milligram. Intolerance to Metamine is rare. Undesirable side-reactions, such as skin, blood, and gastrointestinal manifestations, are rare. There is a very slight hypotensive effect, which is of no significance clinically. The results obtained are sufficiently promising to warrant further clinical studies in three directions: (a) in the prevention and relief of attacks of acute coronary insufficiency, in either oral or parenteral form; (b) in the use of the drug in myocardial infarction for the purpose of offsetting reflex coronary vasoconstriction of the unaffected vessels, reducing pain and possibly reducing the extent of the infarction; and (c) in investigation with a sustained-release modification of Metamine, with the purpose of prolonging the effect of the drug and reducing the number of tablets that would be necessary for daily medication."

NUMBER OF APPLICANTS TO MEDICAL SCHOOLS

In the past three or four years, some medical educators, and other persons as well, have expressed concern about the decreasing number of applications for places in the freshman class of medical schools. Following the close of World

War II, there was a tremendous increase in the number of applicants; in 1949-1950 a peak number of 24,434 was reached. In 1954-1955 the number had fallen to 14,538. First-time admissions for that year totaled 7,549, a number close to 52 per cent of the applicants.

In general, the state supported schools have fewer applicants than other schools. The average number of applicants for the 81 schools listed in the report, for the year 1954-1955, was 587.* Only two state supported schools (both in New York) had that many applicants. Of the 13 schols having over 1,000 applicants for that year, ten were on the Atlantic seaboard (Boston, New York and Philadelphia); the other three were in St. Louis and Chicago. Only one of these 13 schools is state supported. The largest number for any one school was 1838 applicants for 175 places.

For the year 1954-1955 there were 24 medical schools that had less than 300 applicants. Of these, 19 were state universities, all of which, like West Virginia University, had geographical restrictions to admissions. For that year the number of applicants for the 31 places in the West Virginia University School of Medicine freshman class was 117, or 3.8 applicants for each place. This is a fairly favorable ratio but is not quite as good as it appears, because some of our applicants are reluctant to enter a school which offers only the first two years of the medical curriculum. The result is that a number of desirable students withdraw their application and go elsewhere. In spite of this annual loss, however, the quality of the class admitted is good. It is expected that when it becomes possible to earn the M.D. degree at West Virginia University, the loss from this cause will be practically eliminated.

It is of interest to note also that for that same year, in addition to the 31 students who entered our Medical School, there were 34 other West Virginia residents who entered medical schools elsewhere, making a total of 65 residents of the State who took up the study of medicine.

The matter of geographical restriction is of importance. It has been reported that 11 state supported medical schools, including West Virginia University, admitted only residents of their respective states, and that the remainder of the 27 state supported schools admitted only a small quota of non-residents. The necessity of such geographical restriction limits to some extent the range of choice of medical students by these schools. On this account some medical educators feel that this type of restriction is unwise.

Although it is true that during the past few years there has been a decreasing number of applications, the decrease is as yet not alarming. Those who are familiar only with the lush years following World War II, when there were three or four applicants for each available place, are more concerned about the situation than those who remember the years before the war, when each year there were about two applicants for each place. It is only fair to state that at that time the quality of the classes admitted was satisfactory. Scrutiny of the number of applicants for the years following the war shows that the curve is leveling off and the decline has practically ceased. It is to be hoped that the number stabilizes at a level no lower than that now prevailing.

*Stalnaker, John M.: Ratio of Applicants to Population. Jr. Med. Ed. 30:633, (Nov.) 1955.

NOT A TIME FOR APATHY

How wonderful it would be if Doctors of Medicine could devote all of their productive efforts to the study and practice of Medicine! Until relatively recent years such was largely the case. But in the past two decades the doctors of this country have been under a constant threat of losing their right to practice medicine with freedom. We still have that right today only because we have had valiant and vigilant leadership and have all worked together in a united effort to defeat the forces of socialism that have threatened our freedom.

If we are weary of the fight we must remember that our opponents are not. Many of the elected leaders of our country seem to feel that in order to hold onto their office they must constantly advocate more and more of something for nothing.

It is difficult to put any other interpretation on the recent action of the House Ways and Means Committee in their handling of H.R. 7225, which is a bill liberalizing the social security act, including the establishment of cash payments for disability. This bill was drafted and passed by the committee behind closed doors and with no public hearings. It then passed the House of Representatives by the whopping majority of 372-31 under a parliamentary procedure barring amendments and limiting debate to forty minutes. This cursory and disgraceful treatment of legislation of such great importance is no credit to our Congress. The bill will almost certainly be considered by the Senate early in 1956.

It seems obvious that we have no choice but to gird up our loins and get back into the fray.—Charles C. Trabue, M. D., in J. Tennessee St. Med Assn.

ATTITUDE AND FATIGUE

A senior physician at Bellevue was asked to state the most common cause of fatigue. His cryptic, one-word response was "attitude." This seems a logical answer when attitude represents that surface manifestation of a deepseated psychologic pattern. There are positive and negative attitudes, but attitudes that conflict with the atainment of an optimum position within the framework of our moral, physical, and mental positions cause fatigue—Edward A. Burkhardt, M. D., in N. . St. J. Med.

GENERAL NEWS

WIDE RANGE OF SUBJECTS DISCUSSED AT PRESS - RADIO - TV CONFERENCE

More than 150 physicians, newspapermen, radio-TV broadcasters and guests attended the Sixth Annual Press-Radio-TV Conference at the Daniel Boone Hotel in Charleston on Sunday, January 15.

The conference is sponsored annually by the West Virginia State Medical Association under the auspices of the public relations committee.

Dr. William L. Cooke of Charleston, chairman of the committee, presided at the meeting and served as moderator of the afternoon program which was devoted to a panel discussion of problems of mutual interest to the groups represented.

The guest speaker at the banquet was Dr. Nicholas P. Dallis of Toledo, Ohio, creator of the comic strips, "Rex Morgan, M. D." and "Judge Parker."

No Formal Addresses

The afternoon session was called to order at two o'clock by Doctor Cooke and a brief address of welcome delivered by Dr. Athey R. Lutz of Parkersburg, president of the State Medical Association. Following the introduction of the members of the panel by Doctor Cooke, the session was turned into an open forum type of meeting with active audience participation.

It was generally agreed that this type of program, which gave each representative present an opportunity to express himself, was ideal for a meeting of this nature. There were no formal speeches. Instead, topics and questions which had been submitted prior to the meeting were discussed by the panel and audience.

The medical profession and Auxiliary were represented on the panel by Drs. Charles M. Scott of Bluefield, J. C. Huffman of Buckhannon, Keith E. Gerchow of Morgantown, Charles A. Hoffman of Huntington, and Mrs. John F. McCuskey of Clarksburg.

Dr. William L. Cooke (left), conference moderator, discusses plans with the guest speaker at the banquet, Dr. Nicholas P. Dallis of Toledo, Ohio, creator of the comic strips, "Rex Morgan, M. D." and "Judge Parker."

News Media members of the panel were William E. (Ned) Chilton, III, The Charleston Gazette; A. Garen Ferrise, Radio Station WMMN, Fairmont; Charles R. Lewis, The Associated Press; J. Richard Toren, the United Press; and Mrs. Mabel Alley, The Industrial News, Iaeger.

Various Topics Discussed

The first topic submitted to the panel for discussion concerned a series of articles which appeared in The Charleston Gazette last summer with reference to the high cost of medical and hospital care. Several persons in the audience joined with the panelists in a detailed discussion of the background and follow-up of the articles, which involved hospitals and physicians in the Charleston area.

Two of the panelists at the afternoon session, Mrs. Mabel Alley (left), editor of the Industrial News, a weekly newspaper published at Iaeger, and Mrs. John F. McCuskey of Clarksburg, representing the Woman's Auxiliary to the State Medical Association.

A discussion of the question of consolidation of the Blue Cross - Blue Shield plans in West Virginia was led by Dr. Charles A. Hoffman, chairman of the Association's Insurance Committee. He said a study of means of improving the status of voluntary medical and hospital care in West Virginia is being made by a joint committee from the West Virginia State Medical Association, the West Virginia Hospital Association, and the Blue Cross-Blue Shield representatives in the state.

Doctor Hoffman also said the members of the committee from the medical profession will submit a report to the House of Delegates at the annual meeting at the Greenbrier in August.

WVU Medical Center

Dr. E. J. Van Liere, Dean, West Virginia University School of Medicine, answered several questions concerning the new Medical Center now under construction at Morgantown. He said that according to present plans the entering class of the new four-year School of Medicine will be received in the fall of 1957. He also said that if the 400-bed hospital is completed in the summer of 1959, the first class will be graduated in 1961.

Doctor Van Liere also discussed topics submitted concerning other aspects of the new school, including the number of students who will be admitted in each

class of the medical, dental, pharmacy and nursing classes when the Medical Center is completed.

The use of sensational headlines in newspapers, and how they adversely affect an otherwise interesting and authoritative article, brought many comments from the panel and audience. Several physicians said that some articles which appear in newspapers prove objectionable to the medical profession, not because of the facts included in the story, but through the use of so-called sensational headlines which often do not convey the true meaning of the material in the body of the article.

Radio-TV Programs

The relationship between members of the medical profession and the radio-TV groups proved to be an interesting discussion topic. It was noted that there has been a decided change in the former reluctance of physicians to appear as guest speakers on a radio or television program. It was also pointed out that there are many instances in the state where physicians appear on medical forum programs and other shows designed to enlighten the home listeners and viewers concerning health problems.

Some persons felt that physicians tend to avoid participation on these programs because it would be a violation of medical ethics, in that their appearance might be construed as a form of free advertising of their practice in the community.

Cooperation Urged

The members of the news media on the panel discussed the type of medical news that they felt would be of interest to readers of both daily and weekly newspapers. There was common agreement that there must be cooperation between doctors and nurses of a hospital staff and newsmen interested in obtaining quick and accurate information.

The time allotted for the afternoon session ran out before all of the topics submitted could be reached on the agenda. Just before the recess, panelists and members of the audience discussed briefly the pros and cons of a doctor sending an itemized bill to his patients; the variation in the price of medical service and drugs in different communities; and the type of human interest story the newspaper columnist is interested in relaying to his readers.

"Life With Rex Morgan, M. D."

The banquet was held in the ballroom immediately following a social hour, with Dr. William L. Cooke serving as toastmaster. Seated at the speaker's table with Doctor Dallis were Mrs. Paul P. Warden of Grafton, president of the Woman's Auxiliary to the West Virginia State Medical Association; Dr. Paul P. Warden; Dr. Athey R. Lutz; Mrs. William L. Cooke; and John T. Copenhaver, mayor of Charleston. Mrs. Warden gave the invocation.

Doctor Cooke read a humorous letter from Douglas Voorhees of Miami Beach, Florida as part of his introduction of the guest speaker. Mr. Voorhees, a former West Virginian and a graduate of West Virginia University, was Doctor Dallis' opponent in the finals of the middleweight division of the Eastern Intercollegiate Boxing tournament at Morgantown in 1933.

Mr. Voorhees said that his only losses that year came at the hands of this excellent boxer from Washington and Jefferson College. He also stated that he had never figured how he was decisioned by Doctor Dallis, but that he was still toying with the idea that "he might have been hypnotized."

Doctor Dallis said Mr. Voorhees was his toughest opponent that season and admitted that had the fight lasted another round, he undoubtedly would have been the loser.

The psychiatrist delighted his audience with a description of his "Life With Rex Morgan, M. D.", his comic strip which was first syndicated in newspapers in 1948. He said he regards Rex Morgan as the typification of the average American doctor.

Members of the medical profession congratulate Doctor Dallis following his address at the banquet. (Left to right) Doctor Cooke, Doctor Dallis, Dr. E. J. Van Liere, Dean, WVU School of Medicine, and Dr. Walter E. Vest, Editor, West Virginia Medical Journal.

Doctor Dallis (center) explains one of his comic strips to Mrs. Paul P. Warden, president of the Women's Auxiliary to the West Virginia State Medical Association, and Dr. Athey R. Lutz, president of the State Medical Association.

Comic Books and Juvenile Delinquency

He devoted a portion of his address to the subject of juvenile delinquency. He said he did not believe that comic books play any large part in contributing to juvenile delinquency, and that those persons who believe and advocate this concept are just trying to shift the blame from the true source. He placed the blame principally upon broken homes.

The speaker said that if one of his three children turned out to be a delinquent, he would probably like to blame it on comic books, but said that it would not be a valid reason. He added that juvenile delinquency is directly related with the home and that surveys prove that an overwhelming majority of teen-age criminals come from broken homes.

AMA Citation

The speaker received a citation from the American Medical Association in 1954 for his outstanding contribution and service to modern medicine through the medium of "Rex Morgan, M. D.", which today appears in more than 300 newspapers throughout the world.

Doctor Dallis and his wife, Mrs. Sally Dallis, were married in Wellsburg while he was an interne. Mrs. Dallis is a registered nurse.

He received his M.D. degree from Temple University School of Medicine and served a four-year residency in psychiatry at Henry Ford Hospital in Detroit. He is certified by the American Board of Psychiatry and Neurology and is a member of the staff of three hospitals in Toledo.

Groups Well Represented

Most of the representatives of news media from over the state who attended the afternoon session remained for the banquet.

Some past presidents of the State Medical Association, members of the Council and officers of component medical societies attended the conference. The Auxiliary was officially represented by Mrs. Paul P. Warden, the president, nad Mrs. John F. McCuskey, who served as a member of the panel.

TUBERCULIN TESTING PROGRAM IN HARDY

Students in the twelve grades of a Hardy County school took part recently in a tuberculin testing program sponsored by the Hardy County Tuberculosis and Health Association. Also cooperating in the testing program were local physicians, the Hardy County Health Department, the Parent-Teachers Association, the Board of Education, and other civic-minded groups.

Mr. Thomas A. Deveny, executive director of the W. Va. Tuberculosis and Health Association, reported that the program was one of a series of pilot studies being conducted in an attempt to set up a definite program in the state. He said programs in spotted areas of the state have been used in the past, but that no statewide program has been developed.

In Hardy County, 287 of the 330 students enrolled at the Mathias school were tuberculin tested. Of the 287 tested, 264 were negative reactors and 23, or 8.01 per cent, positive. The 23 students with a positive reaction were given a chest X-ray as a follow-up of the program.

Mr. Erwin W. Emswiller, chairman of the committee on arrangements for the Hardy County Tuberculosis and Health Association, said that the names of the 23 positive reactors were furnished to the Hardy County Health Department.

DR. ALLEN DYER NEW MERCER HEALTH OFFICER

Dr. N. Allen Dyer of Morgantown has tendered his resignation as director of the Monongalia Health Department to accept the directorship of the newly organized Mercer-Bluefield Health Department. He will assume his new duties on February 1, with offices in Bluefield.

Doctor Dyer has served as director of the Monongalia health unit since August 1. Previously he was health officer of the Pike County (Ohio) health district, with headquarters at Waverly.

The new Mercer health unit was organized following the enactment of legislation by the 1955 Legislature which makes possible the consolidation of city and county health departments. It is the first to be organized under the provisions of the new act.

Doctor Dyer, son of Dr. N. H. Dyer, state director of health, holds A.B. and B.S. degrees from West Virginia University and received his M. D. degree from the Medical College of Virginia in 1952.

PLAQUE AWARDED TO DOCTOR MENDELOFF

Dr. M. I. Mendeloff of Charleston has been awarded a plaque in recognition of his services to the people of his home community during the past 40 years. The award was made by Dr. W. A. Thornhill, Jr., on January 8, 1956 at the fourth of a series of lectures in connection with the postgraduate training program being offered at Charleston General Hospital.

Doctor Mendeloff has been affiliated with Charleston General since shortly after he was licensed to practice medicine in West Virginia in 1912.

The lecture at the meeting on January 8 was delivered by Dr. Albert Mendeloff of Baltimore, son of the recipient of the plaque. Another son, Dr. Morris Mendeloff, is a practicing dentist in Charleston.

TRAVEL MEETING OB. & GYN. SOCIETY

The annual travel meeting of the West Virginia Obstetrical and Gynecological Society will be held at the Charity Hospital of Louisiana, New Orleans, April 2-3.

The program will be conducted by Dr. Milton L. McCall, professor of obstetrics and gynecology, Louisiana State University; Dr. Conrad G. Collins, professor of obstetrics and gynecology, Tulane University; and Dr. Adolph Jacobs, chief, obstetrics and gynecology, independent service, Charity Hospital.

Headquarters will be at the Roosevelt Hotel. Reservations must be filed by March 19 with Al Bourgeois, Roosevelt Hotel, 123 Baronne Street, New Orleans, La.

The regular annual meeting of the West Virginia Obstetrical and Gynecological Society will be held at White Sulphur Springs during the annual meeting of the State Medical Association in August.

WORKSHOP IN COUNSELING OF ALCOHOLICS

A "Personal Counseling Workshop in the Care of the Alcoholic", sponsored by The Keeley Institute, of Greensboro, North Carolina, was held in that city, January 25, 1956, under the personal direction of Dr. Russell L. Dicks, of Durham, North Carolina, professor of pastoral care at Duke Divinity School, and editor of "Religion & Health."

Arrangements for the meeting were made by a committee headed by Mr. William R. Booth, director of The Keeley Institute.

The conference, first of its kind in the study of counseling alcoholics, opened shortly after noon on January 23 and closed on the afternoon of January 25.

MEDICAL MEETINGS, 1956

The following is a partial list of national, state and district medical meetings scheduled for 1956:

Feb. 12-15—Mid-Atlantic meeting, ICS, White Sul. Spgs.
Feb. 13-16—ACS Sectional Meeting, Philadelphia.
Feb. 20-22—Atlanta Graduate Med. Assembly, Atlanta, Ga.
Feb. 27-Mar. 1—New Orleans Grad. Med. Assembly.
Mar. 19-22—AAGP, Washington, D. C.
Apr. 2-3—Annual Travel Meeting, W. Va. Ob. and Gyn. Soc., New Orleans.
Apr. 14-15—W. Va. Chap., AAGP, Charleston.
Apr. 16-20—ACP, Los Angeles, Cal.
Apr. 22-29—Hawaii Med. Assn. Centennial, Honolulu.
Apr. 23—Medical Licensing Board, Charleston.
June 7-8—State Health Conf., Charleston.
June 7-10—ACCP, Chicago.
June 11-15—AMA Annual Meeting, Chicago.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Oct. 8-12—ACS, San Francisco.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

INT. CONGRESS ON CHEST DISEASES

The Fourth International Congress on Diseases of the Chest will be held in Cologne, Germany on August 19-23, 1956. Information concerning the meeting may be obtained by writing Mr. Murray Kornfield, Executive Director, 112 E. Chestnut Street, Chicago 11, Illinois.

SOUTHERN MEDICAL'S GOLDEN ANNIVERSARY

The Southern Medical Association will hold a Golden Anniversary celebration at the Read House in Chattanooga, Tennessee, October 2-3, 1956, exactly 50 years to the day from the date of its organization there in 1906.

The Council of the Southern Medical Association, at the annual meeting in Houston, Texas, last November, unanimously approved a suggestion that the Association have a Golden Anniversary Celebration at Chattanooga. Mr. C. P. Loranz, advisor and professional relations counselor of the Association, was named chairman of the celebration committee.

The annual meeting of the Southern Medical Association will be held in Washington, D. C., November 12-15, 1956.

AM. ACAD. OB. AND GYN. ACCEPTS STATE DOCTORS

Dr. A. J. Villani of Welch, and Dr. Charles W. Merritt of Beckley, were inducted into fellowship in the American Academy of Obstetrics and Gynecology at the Fourth Annual Clinical meeting held in Chicago, December 12-14.

The Academy is composed of physicians who limit their practice to obstetrics and gynecology. It was organized in 1951 "to foster and stimulate interest in obstetrics and gynecology and all aspects of the work for the welfare of women which properly come within the scope of obstetrics and gynecology."

OPH. AND OTOL. CONGRESS IN ROANOKE

The 29th Annual Spring Congress in Ophthalmology, Otolaryngology and allied specialties will be held at the Patrick Henry Hotel in Roanoke, Virginia, April 2-7, 1956.

The Gill Memorial Eye, Ear and Throat Hospital, a pioneer in refresher courses in this country, sponsors the annual Congress. It offered the first refresher course in ophthalmology and otolaryngology given by a hospital or medical school in this country, the first course being given in March, 1927.

The faculty at the six-day Congress will be composed of twenty-one physicians, nationally prominent in their respective specialty fields. Detailed information concerning the program may be obtained by writing E. G. Gill, M. D., Gill Memorial Eye, Ear and Throat Hospital, Roanoke, Virginia.

DOCTOR SCHIEFELBEIN RECEIVES AWARD

Dr. H. T. Schiefelbein of Welch, has been awarded a 25-year gold pin by the American Academy of Ophthalmology and Otolaryngology as identification of his status of senior fellowship in the Academy. He has been a member of the staff of Stevens Clinic since his location at Welch in 1923.

MEDICAL LICENSING BOARD TO MEET APR. 23

The spring meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston on Monday, April 23, 1956, for the purpose of examining applicants for license to practice in West Virginia.

DOCTOR BRANDABUR CHIEF C. & O. MED. EXAMINER

Dr. John J. Brandabur of Huntington has been named chief medical examiner for the Chesapeake & Ohio Railway. He has served as chief medical examiner at Huntington since 1944.

In addition to his duties with the main line of the C. & O., he will also head the medical department of the northern division, which includes the Pere Marquette.

POLIO FOUNDATION RENEWS NURSING GRANT

The continuing need to interest more students in nursing as a career has led the National Foundation for Infantile Paralysis to make a grant of $46,247 to the 1956 program of the Committee on Careers, National League for Nursing. This marks the seventh year of NFIP support to the national nurse recruitment program.

The committee reports that the largest nursing force in history is active today—400,000 professional nurses and 100,000 practical nurses; however, unprecedented population growth, advances in drug therapy, extension of health facilities, shorter work week for nurses and other factors are steadily expanding the need for nursing personnel.

This year, schools of professional nursing are seeking 50,000 new students. Practical nursing schools have openings for another 20,000 students. The committee's 1956 program is designed to help nursing schools meet these goals.

A unit of the National League for Nursing, the Committee on Careers is sponsored also by the American Nurses' Association, American Medical Association and American Hospital Association. Its program is under the direction of Mrs. Muriel C. Henry.

AM. GOITER ASSN. TO MEET MAY 3-5

The American Goiter Association will hold its annual meeting at the Drake Hotel in Chicago, May 3-5, 1956. The program for the three-day meeting will consist of papers and discussion dealing with the physiology and diseases of the thyroid gland.

Detailed information concerning the program may be obtained by writing John C. McClintock, M. D., 149½ Washington Avenue, Albany, New York.

NEW AMA BOOKLETS

Copies of two new booklets of interest to physicians will be mailed by the American Medical Association in February to state and county medical societies.

The first publication, "Guides for Medical Society Grievance Committees," will review the findings and recommendations of the special committee on grievance committees appointed by the AMA Board of Trustees. The second publication, "Report of the Survey on County Medical Society Activities," will include data on society meetings, budgets, educational and scientific programs, personnel, building facilities, the work of various committees, and the extent of public relations activities.

Additional copies of the booklets will be available on request from the AMA Council on Medical Service, 535 N. Dearborn Street, Chicago 10, Ill.

PUTTING DAMPER ON OPINION POLL

The Journal of the American Medical Association has tossed a well-aimed, well-deserved monkey-wrench into one nationwide poll.

It is that of the American Research Foundation on President Eisenhower's physical fitness and whether he should seek a second term in the White House after coming down from a heart attack last September.

A questionnaire was mailed by the foundation to all heart specialists who are listed in the Directory of Medical Specialists.

It put two questions to the medicos: first, do you think a man who has suffered a heart attack can be regarded as physically able to serve a term as President; second, based on what you have read about the nature of the President's illness, and assuming normal convalescence in the next few months, do you think Mr. Eisenhower can be regarded as physically able to serve a second term?

The advice of the Journal to all heart specialists receiving the questionnaires is that they should toss them in the wastebasket.

The editorial in the current issue says a self-addressed, air mail, special delivery was enclosed for a speedy reply. No signature was required and no hint was given as to how the information was to be used.

The Journal throws cold water on the enterprise when it editorializes: "It seems that the questions are very definitely slanted politically. If physicians answer them, the information could be used in almost any way to the disadvantage of the profession." Furthermore, the A. M. A. observes, "consultation without examination is absurd."

In conclusion, the Journal opined: "This type of questionnaire, whatever the source, should be discouraged, and to prevent hysteria that such information could foment, the questionnaire should be tossed into the wastebasket."

The concern of the Journal in this matter is quite understandable. The most that could be expected from the questionnaires would be conclusions based on nothing more than hearsay. We can see how such a request might be regarded as an affront to the profession.

Furthermore, the deductions from the inquiry might give rise to undue and improper pressures. If a majority should report that the President is physically fit to continue on the job, wishful thinkers might seize upon that conclusion and work it overtime in trying to persuade Mr. Eisenhower to seek office again, regardless of his own inclinations or the judgment of his family and personal physicians. That would be resented by many whose only concern is the President's physical well-being.

If a majority should reply that they thought he was not in any condition to run for a second term, many would regard that as unfair, likewise improper intervention to influence political outcomes.

The JAMA is to be commended for speaking out boldly and wisely against this sort of survey of professional opinion—Huntington Advertiser.

DOCTORS IN THE SERVICE

Major O. W. Corder (MC), USA, of Weston, reported for active duty on December 30, 1955. He is at present stationed at Fort Sam Houston, Texas.

* * * *

Dr. Cesar J. Lesaca of Kenova, formerly of Logan, has accepted a commission as Captain in the Medical Corps of the Army and is stationed at Fort Sam Houston, Texas, his address there being Box 105, Army Medical Service School, 2200 Area.

* * * *

Lt. Frank A. Hamilton, Jr. (MC), USN, of Shepherdstown, who has been on active duty with the U. S. Naval Reserve for several months, will be released from the service early in February. He has been stationed at Jacksonville, North Carolina. He will locate at Martinsburg for general practice, with offices at 427 Winchester Avenue.

INT. SYMPOSIUM ON VENEREAL DISEASES

The first International Symposium on Venereal Diseases and the Treponematoses will be held at the Statler Hotel in Washington, D. C., May 28-June 1, 1956. The symposium will be sponsored by the U. S. Public Health Service, the Department of Health, Education and Welfare, and the World Health Organization.

Dr. Leonard A. Scheele, Surgeon General of the USPHS, has stated that the five-day symposium will afford an opportunity for authorities in the field from all over the world to exchange ideas and information on the latest developments in research, diagnosis, treatment and case finding of the venereal and treponemal diseases.

RELOCATIONS

Dr. Dorsey C. Gamsjager, a native of Grafton, has located at Morgantown where he will engage in the practice of his specialty of dermatology, with offices at 265 High Street. He is a graduate of West Virginia University and received his M. D. degree from the Medical College of Virginia in 1950, interning at Charleston General Hospital. He is certified by the American Board of Dermatology and Syphilology.

* * * *

Dr. George B. Edmiston, a native of Buckhannon, has located for general practice at Webster Springs. He received his M. D. degree from Temple University, Philadelphia, and interned at St. Mary's Hospital, Huntington. He was a member of the staff of Prestonburg General Hospital, at Prestonburg, Kentucky, for two years following his internship, and also was a member of the staff at Sharon Heights Hospital, Jenkins, and Our Lady of the Way Hospital at Martin, Kentucky.

* * * *

Dr. Reece Richard Boone, Jr., who has been a member of the staff of Laird Memorial Hospital for several years, has moved to Mooreland, Oklahoma, where he will continue in practice as a member of the staff of Northwest Community Hospital.

DR. BRUCE UNDERWOOD WITH USPHS

Dr. Bruce Underwood of Louisville, Kentucky has accepted an appointment with the United States Public Health Service in Washington, D. C., and will officially assume his new duties on February 1 in connection with the Hill-Burton program of federal aid for the construction of hospitals.

Doctor Underwood tendered his resignation as state health commissioner of Kentucky effective Dec. 31, 1955. He has also resigned his post as secretary-general manager of the Kentucky State Medical Association.

DR. J. T. JARRETT NEW C. & P. MEDICAL OFFICER

Dr. John T. Jarrett of Charleston has been named medical officer for the Chesapeake and Potomac Telephone Company of West Virginia. Announcement of the appointment was made by F. K. Woods, assistant vice president in charge of personnel.

Doctor Jarrett will head the medical department of the company and will serve as consultant to medical examiners. His services will be on a part-time basis, and he will continue the practice of his specialty of surgery in Charleston.

Doctor Jarrett received his M. D. degree from the Medical College of Virginia in 1938 and served in the Medical Corps of the Navy during World War II. He located for practice in Charleston in 1946.

NATIONAL CONFERENCE ON RURAL HEALTH

The 11th National Conference on Rural Health will be held in Portland, Oregon, March 8-10. The conference is sponsored by the AMA Council on Rural Health. The theme of this year's meeting is "Your Doctor and You."

DR. J. O. RANKIN W. VA. GOVERNOR, ACS

Dr. John O. Rankin of Wheeling has been elected a member of the Board of Governors of the American College of Surgeons. He will represent West Virginia. The Board is composed of governors of each state and the membership also includes governors from Canada and Central and South America.

DR. HIRAM W. DAVIS CERTIFIED

Dr. Hiram W. Davis, superintendent of Huntington State Hospital, has been certified by the American Board of Psychiatry and Neurology. He has also been certified by the American Psychiatric Association as a mental hospital administrator.

Doctor Davis recently participated in a ten-weeks' seminar on psychiatry and neurology at Columbia University College of Physicians and Surgeons in New York City.

CRIPPLED CHILDREN'S ADVISORY BOARD

The following physicians have been named as members of the Medical Advisory Board to the West Virginia Society for Crippled Children and Adults, Inc.:

Edwin M. Shepherd, Charleston, Chairman; Athey R. Lutz, Parkersburg; Donald R. Roberts, Elkins; C. G. Polan, Huntington; Theresa O. Snaith, Weston; and E. Andrew Zepp, Martinsburg.

The West Virginia Medical Journal

March 1956 Vol. 52, No. 3

Symposium on Ophthalmology and Otolaryngology*

Part I – Otolaryngology

Otitis Media in Children

Moderator: John A. B. Holt, M. D., Charleston, W. Va.

"The Etiology of Otitis Media."—Charles T. St. Clair, M. D., Bluefield, W. Va.
"The Diagnosis of Otitis Media in Children."—John B. Haley, M. D., Charleston, W. Va.
"The Treatment of Otitis Media in Children."—Henry C. Hays, M. D., Williamson, W. Va.

INTRODUCTION

The Moderator

Otitis media with its various complications, especially mastoiditis, is a serious problem. Although the numerous "wonder" drugs have proven most effective, we must still reckon with the complications of the disease.

Meltzer reported 507 cases of cholesteatoma between 1937 and 1952 at the Massachusetts Eye and Ear Infirmary. He was impressed that too much time had been wasted and that diagnosis had not been made early enough to save the hearing of these patients. And this is only one feature of the disease. There still are the brain abscesses, meningitis and the lateral sinus thromboses to be considered. Since all of us see these cases, a discussion of the problem should prove of mutual interest and benefit.

THE ETIOLOGY OF OTITIS MEDIA

Charles T. St. Clair, Jr., M. D., F. A. C. S.

In considering the etiology of otitis media within the time allotted for the purpose, the discussion necessarily will be limited to comparative rather than comprehensive points. I want to consider first a few of the common causes in infants and children, later touching on some of the causes in adults.

In this disease, the tympanic cavity, or middle ear, is affected directly by way of the tympanic membrane, or indirectly through the eustachian tube.

In infants and older children the latter route most frequently is involved. In spite of repeated admonition, the young child has not yet learned the proper use of a handkerchief during an acute head cold; this fact is not confined to the very young. Many members of our intelligent laity do not know that the nose should be blown with both nostrils open.

In this connection we must consider the influence of upper respiratory infections. The nose, nasopharynx and accessory sinuses are common sources of infection which, because of the anatomical structure, involves the eustachian tube. In addition, the adenoid tissue and the tonsils are integral parts in connection with the eustachian tube. The enlarged adenoid tissue and the enlarged tonsils do not cause otitis media because they block the tube but because they interfere with the action of the tensor palati muscles which open the tube. However, there are many instances in which the enlarged lymphoid tissue ac-

*Sponsored by the West Virginia Academy of Ophthalmology and Otolaryngology and held Saturday, August 20, 1955, during the 88th Annual Meeting of the West Virginia State Medical Association, at the Greenbrier, White Sulphur Springs.

tually does close the eustachian tube. When this happens, aeration of the middle ear is affected.

Youth itself even may be said to constitute a predisposing factor in otitis media because in children the adenoids generally are present, and the opening of the eustachian tube in the nasopharynx is much wider than in adults. Also, children in general are more prone to have catarrhal infections than adults.

At this point, I want to discuss the subacute middle ear infections which frequently follow acute otitis media. The exudate may appear first to be a watery substance which later becomes mucoid in character and contains a large number of cellular elements composed chiefly of leukocytes and desquamated epitheleal cells. The inflammation in such cases is mainly tubal, and the exudate becomes extremely thick and tenacious. If the condition is allowed to persist it eventually will develop into a chronic middle ear infection.

The exudate continually grows thicker. Vessels begin to appear and organization takes place with subsequent formation of fibrous strands and adhesions across the cavity of the middle ear. This process interferes with the movement of the ossicles, the three small bones of the middle ear, the malleus, incus and satpes, interrupting their normal function and possibly causing permanent impairment of hearing.

Up to this point we have been considering the indirect reason for otitis media by way of the eustachian tube. Let us consider now, briefly, the direct method of infection of the middle ear which is rupture of the tympanic membrane. Such a condition could result from a friendly game of fisticuffs in which the open hand strikes directly on the ear forming an air compression which may cause permanent damage, or it could result from surf bathing, skull fracture, or the condensation of air in the canal from a heavy explosion. We must remember also that caustics introduced into the canal and penetration by foreign bodies may cause injury of the ear drum. These are a few open-and-shut reasons for ear drum injury. There are more, some not so open-and-shut. For since the comparatively recently reported observation of acute conditions developing from allergies, the otolaryngologist finds himself confronted with many more challenging conditions than those produced by so simple a means as a rupture caused by surf bathing, or a friendly game of fisticuffs.

REFERENCES

1. Lederer: Diseases of the Ear, Nose and Throat.
2. Jackson Coates: Nose, Throat and Ear Diseases.

THE DIAGNOSIS OF OTITIS MEDIA IN CHILDREN

John B. Haley, M. D.

Purulent, acute otitis media usually is associated with upper respiratory infection. The most common complaint is earache. The pain is somewhat typical, thumping in nature, and severe. In the relatively small infant, the distress usually is shown by the infant's pulling at the ear that is painful. In the older child who is able to speak, the complaint is distinctly of pain itself. The thumping or pulsating type of pain associated with this condition is caused by congestion of the ear drum and transmission of the pulsation of the carotid vessels.

The second most common complaint noted in these cases is definite hearing loss which may be marked or complete. The child in this condition nearly always has a relatively severe temperature reaction, the temperature ranging from 101 F. to as high as 105. It is not at all infrequent in many of these cases for the patient to have even a rather severe "temperature convulsive" type of reaction. Another symptom frequently associated with the ear infection is a gastro-intestinal upset. I feel that every child who complains of diarrhea or a stomach upset should have an ear examination.

Typically, upon examination of the ear, there will be found a relatively severe red reaction of the ear drum itself. Commonly, the appearance is that of a bulging of the tympanic membrane toward the outer opening of the external canal found both anteriorly and posteriorly. The general effect is that of a mushroom. If the ear already is draining when first seen, more often than not an anterior perforation will be found in the drum and through this a pulsating discharge can be noted.

Acute otitis media sometimes is difficult to distinguish from an external infection. In the latter case the canal walls are painful, and manipulation of the external ear produces pain. Otitis media itself never causes the painful external ear except when complicated by mastoiditis with subperiosteal abscess. A child may flinch from fear upon external manipulation of the ear, but after a few moments of examination actual tenderness can easily be ruled out.

The second condition in the diagnosis of the disease is serous acute otitis media. This differs from purulent, acute otitis media, in that the onset frequently is rather insidious and seldom is associated with pain. Generally, the chief complaint is a feeling of fulness in the ears and a related heavy feeling. Marked loss of hearing commonly is associated with this condition.

There is a great difference in the appearance of the ear drum in the two types of otitis media. The ear drum in the serous type may appear to be somewhat full; in fact, there might be a slight bulge. As a rule, the drum is not particularly reddened but has a characteristic yellowish appearance. In many instances, if the drum is not thickened one can see through it and view bubbles or even a definite fluid level.

THE TREATMENT OF OTITIS MEDIA IN CHILDREN

Henry C. Hays, M. D.

When Doctor Holt asked me to talk about acute otitis media in children I wondered what I could say that had not been said over and over again in recent years. Nevertheless, I shall bring to your attention some observations I made during the last fall and winter seasons,—some disappointments I experienced because of depending upon antibiotics and chemotherapeutic agents alone.

I doubt that these agents have been more useful in any field of medicine than in that of the diseases of the upper respiratory tract and its adnexa. Those of us who practiced otology before these agents came into use remember well the long, anxious and (to the patient) painful course of acute otitis media ending, all too often, in surgical mastoiditis. We were especially grateful for these agents which offered so much in treating acute otitis media, and which all but removed it from the field of otology.

Last fall and winter I noticed that I was seeing more cases of acute otitis media in children than I had been seeing in recent years. Most of these children had had one or more attacks before being seen by me. They usually had received a single shot of penicillin which had relieved the pain; they had appeared well for a few days, and the mother, because of the many demands of the family, hoped for the best and did not take the child back to the doctor. She possibly also failed to buy the prescription which was given her to continue the treatment at home. In a few days there was another attack, and another single shot of penicillin with another subsidence of symptoms. Usually the upper respiratory infection had continued.

When seen by me these cases all presented marked changes: redness, usually some bulging, and always a thickened drum, offering more than normal resistance to the myringotomy knife. I am inclined to believe that each previous attack had left a little more thickening, making it more resistant to spontaneous drainage, (I do not mean to imply that I advocate awaiting spontaneous drainage), and causing the inflammatory products to extend backwards toward the mastoid process.

It is my opinion that myringotomy has been neglected too often in acute otitis media in recent years because of the belief that antibiotics will take care of the situation, as they do in the majority of cases, if the patient can be kept under observation and adequate treatment until all symptoms have completely subsided and the drum changes have been resolved. I know that I have been inclined to take a chance, when doing the myringotomy meant leaving a busy office to go to a busier hospital for anesthesia or to require a mother, needed at home, to await our convenience. Of course babies and small children can be restrained and the procedure done in the office.

Goodale and Montgomery, in an article in the March, 1955 issue of Annals of Otology, Rhinology and Laryngology, state, "Finally the authors would like to reaffirm that otitis media is still a surgical disease. It may not and obviously does not mean in every case that the patient is headed for a mastoidectomy. But the mental attitude of the physician should be that this is primarily a surgical problem; that the principle of surgical drainage even where antibiotic treatment is effective should be insisted upon."

Evans, in 1948, in a series of cases admitted to the outpatient department of the Massachusetts Eye and Ear Infirmary over a four month period, found that of 45 cases treated by myringotomy all recovered without mastoidectomy. Some were given antibiotics and some were not. During the same period, 30 patients were admitted directly to the hospital from sources other than the outpatient department for treatment of acute surgical mastoiditis. In none of these cases had an early myringotomy been done. All had been given some form of chemotherapy or antibiotic treatment. It was difficult to determine how early the treatment or how much, but the important point was that in none of the cases had myringotomy been considered.

Zonderman, in a discussion of the use and abuse of antibiotics, and the importance of myringotomy, concluded that the most common error in the therapy of acute otitis media is treatment of the disease with antibiotics and without myringotomy. He points out that this method may lead to temporary suppression of the bacterial infection with subsidence of the acute symptoms of otalgia with fever, followed shortly by a severe and hazardous recurrence.

In summary, with regard to acute otitis media, I would suggest the following:

(1) Every crying baby or small child have his ear drums visualized, particularly if there is an upper respiratory infection present.

(2) If there is the slightest change of color or luster, myringotomy must be considered, antibiotics started and the drum watched.

(3) If the drum is thickened and red, or gray and lusterless, bulging or not bulging, that particular middle ear almost certainly by this time contains products of inflammation which should be evacuated by myringotomy to prevent spread of infection to the mastoid process or organization of the inflammatory products causing chronicity or loss of hearing, or both. Of course, antibiotics and chemotherapy should be vigorously pushed until pain, temperature and discharge have ceased and the drum changes have resolved.

(4) In the recurring cases it would be well, if facilities are available, to make a culture from the middle ear when the myringotomy is done, if it has not been taken already from the nasopharynx or the discharging ear, to determine whether or not a resistant organism is present. It would be well also to x-ray the paranasal sinuses and the mastoid process for a possible source of reinfection.

(5) Tonsillectomy and adenoidectomy also must be considered at this time. If there is a history of recurring attacks of tonsillitis, or colds, or if there is obstructed nasal breathing causing restlessness at night, the tonsils and adenoids should be removed, preferably after recovery from the acute otitis media. The adenoidectomy should not be considered complete until the nasopharynx has been visualized with the aid of a soft palate elevator. With few exceptions, adenoid tissue will be seen on the posterior and lateral walls of the nasopharynx after removal of large masses of tissue by conventional means. Any remaining tissue must be removed, under vision, with the punches. This tissue frequently extends down the lateral walls behind the posterior tonsillor pillar.

In conclusion, I again quote Zonderman:

"The physician treating otitis media has a dual responsibility to the patient. The first is to prevent mastoiditis and chronicity and the hazardous intracranial complications. With the aid of the sound surgical principle of myringotomy and the judicious and adequate use of antibiotics, one can undertake this responsibility with justifiable confidence in a great majority of cases. The second responsibility in the treatment of otitis media is the conservation of hearing. Otitis media is not just a bacterial inflammation. It is a disease of the hearing apparatus. The products, whether purulent or not, must be removed before permanent damage ensues. A deafened ear, even though bacterially cured, represents a therapeutic failure."

REFERENCES

1. Zonderman, B.: Modern Concepts in the Treatment of Otitis Media. New England J. Bed. 249:643-645 (Oct.) 1953.

2. Evans, M. G.: The Treatment of Acute Suppurative Otitis Media. The Relative Merits of Chemotherapy and Myringotomy in Avoiding Surgical Mastoiditis. Ann. Otol., Rhinol. & Laryngol. 60:30 (Sept.) 1951.

3. Goodale & Montgomery: Otitis Media. Ann. Otol., Rhinol. & Laryngol. 64:181-191 (March) 1955.

SUMMARY

The Moderator

The concept of allergies as a cause of otitis media was mentioned by Doctor St. Clair. Obviously, the subject could not be covered in this program but it is one of extreme importance and must be considered in the diagnosis and treatment of otitis media. Antibiotic therapy is excellent but the dosage must be adequate and of sufficient duration to clear the condition completely before it is discontinued.

The first principle of surgery, i. e., adequate drainage, applies in otitis media as in any infection. If this can be accomplished via the eustachian tube by reestablishing its patency, well and good. If it cannot, myringotomy is distinctly indicated within a 24-hour period.

The safest guide in treating otitis media is to remember that when in doubt about doing a myringotomy, do it.

Part II – Ophthalmology

Superficial Injuries of the Eye

Moderator: Milton J. Lilly, M. D., Charleston, W. Va.

"Superficial Chemical and Thermal Injuries of the Eye."—Charles M. Polan, M. D., Huntington, W. Va.
"Extra-Ocular Foreign Bodies,"—John H. Trotter, M. D., Morgantown, W. Va.
"Perforating Wounds of the Eyelid."—A. C. Chandler, M. D., Charleston, W. Va.

INTRODUCTION

The Moderator

MOST SUPERFICIAL injuries of the eye are seen first by the general practitioner and most can be treated successfully by him at that time.

Today, the members of the panel will discuss briefly some of the underlying principles involved in the treatment of these injuries and will present some criteria for deciding which ones should be treated and which ones referred.

SUPERFICIAL CHEMICAL AND THERMAL INJURIES OF THE EYE

Charles M. Polan, M. D.

The list of substances that may affect the eye is quite lengthy. In speaking of the toxic effects of volatile substances, gases, fumes, droplets, particles and liquids, one realizes that these can affect either the exterior of the eye, the lids, the conjunctiva, or the cornea, or they can affect the seeing apparatus anywhere from the cortex down through the optic nerve to the retina and lens. Roughly speaking, we know that the majority of toxic fumes and particles are primarily injurious to the exterior of the eye in the form of burns such as those caused by acids and alkalis.

The first and foremost rule in the emergency handling of any case in which the eyes have been exposed to toxic fumes, splashed fluids, or particles of matter is immediate irrigation. The theory of neutralization of alkalis by acids and vice versa or by other specified chemical substances has been pretty well exploded because it cancels out speed, the most important safeguard of all.

In the case of any patient complaining of injury of the eye by any chemical, the first step is to irrigate the eye copiously with normal saline or distilled water, or even tap water, for a period of ten to twenty minutes. It may be necessary to anesthetize the eye with pontocaine or holocaine to relieve the pain and lid spasm so that the irrigation can be done more easily.

After prolonged irrigation, the eye should be examined with a loupe or other magnifying aid, in good light. The lids, bulbar conjunctiva, cornea and the region of the caruncle should be scrutinized carefully. Buffered fluorescein 2% should be instilled in the conjunctival sac and then washed out. This will reveal the extent of the damage by means of a greenish stain on the cornea or conjunctiva. The eye should be irrigated again and then stained again.

Chemicals often are in the form of solids such as plaster, sulphur or concrete. Care must be taken that no particles remain lodged in the fornices nor caught in edematous folds of the conjunctiva.

The history can be taken more carefully and the chemical identified, if possible, following the initial care of the patient.

If the corneal epithelium is gray and appears necrotic, it should be wiped off with a sterile, cotton-tipped applicator.

Anesthetic and antibiotic ointments, or preparations containing steroid compounds, can be instilled in the eye and the eye bandaged firmly with a sterile eye pad and inspected again twenty-four hours later. The conjunctiva and cornea again should be stained with fluorescein and irrigated so that an estimate as to the rapidity of the healing or the failure of healing of the eye can be made. Pain, of course, can be controlled by sedation and analgesics. This treatment should take care of most minor chemical injuries.

Alkali burns are particularly dangerous and need careful watching as the tissues seem to absorb the alkali and the action of the alkali on the tissues seems to be progressive.

Thermal burns can be divided into two types: flash burns and contact burns from hot bodies or fluids.

Flash burns involving the lids and face are common. These may occur in industry or in the home. A typical one is that suffered as a result of the explosion of a gas oven or heater. Gasoline burns usually are more extensive, and frequently involve the deeper tissues. The eyes themselves rarely are involved seriously in a flash burn unless the heat is intense or prolonged and then there usually is considerable damage to the lids and other facial structures. In the ordinary case, the lashes and brows maye be singed and the skin burned more or less extensively but as a rule the reflex closure of the lids is sufficiently rapid to protect the globe and leave a band of unburned skin around the palpebral fissure. Only when the flames spread with explosive force is the cornea damaged and then the damage may be severe, resulting in destruction of the epithelium. Even such damage, however, generally is superficial, and epithelial regeneration usually occurs within forty-eight hours.

The clinical picture of a flash burn of the lids conforms to the general pattern of burns. The lashes and brows and sometimes the hair of the scalp are singed, the skin is hyperemic and an intense edema of the lids may close the eyes completely. In more severe injuries in which partial thickness skin loss has occurred, the swelling and edema of the lids and of the entire face may be extensive. It begins to make its appearance a few minutes after the injury and increases up to twelve hours. In severe cases, the lids may be practically destroyed and large areas of the forehead and cheeks may show extensive damage.

Contact burns are not common in home life. The most frequent domestic accidents arise from lighted ends of cigars or cigarettes, the head of a lighted match, or a glowing coal or ember from a fire. In industry, a more frequent cause is flying pieces of molten metal, slag or glass. In cases in which the injury is caused by a piece of hot metal, small, and traveling at high speed, the eye of course may be perforated and damage inflicted that is of more gravity than the slight burn that might have resulted.

The treatment of superficial burns of the eye consists of careful inspection under topical anesthesia for the presence of foreign bodies. Necrotic epithelium should be removed gently with a sterile, cotton tipped applicator. Anesthetic and antibiotic ointments can be instilled in the eye and the eye covered with a firm sterile dressing. Foreign bodies, of course, should be removed. The corneal and conjunctival epithelium regenerates rapidly and usually will heal completely within forty-eight hours.

Actinic conjunctivitis is caused by excessive exposure to the welder's electric arc over a considerable period of time. It may be caused also by overexposure to the ultraviolet lamp used to obtain an artificial suntan. It is a cumulative injury and is manifested by pain, marked tearing, and photophobia along with inflammation and swelling of the bulbar conjunctiva and lids. It occurs within four to twelve hours after the exposure. The typical complaint is a feeling of sand in the eyes. Usually both eyes are involved. Treatment is as follows:

(1) The use of topical anesthetics in the eye; however, cocaine should not be used as it tends to soften the corneal epithelium; (2) A few drops of adrenalin may be instilled in the eyes; (3) Iced compresses, as needed; (4) Dark glasses, if necessary; (5) Occasional sedation or analgesics if indicated; and (6) cycloplegics to relieve iris spasm in severe cases.

The condition usually heals very rapidly.

BIBLIOGRAPHY

1. Duke-Elder, S: Text-Book of Ophthalmology, Vol. 6, Injuries, St. Louis, Mosby, 1954.
2. Hughes, W. F.: Office Management of Ocular Diseases, Chicago, The Yearbook Publishers, 1953.
3. Kuhn, H. S.: Eyes and Industry, St. Louis, Mosby, 1950.

EXTRA-OCULAR FOREIGN BODIES

John H. Trotter, M. D.

The injury most commonly seen with reference to the eye is the extra-ocular foreign body which is retained on the surface of the eye. This type of eye injury is constantly encountered in every walk of life and in every occupation or activity. Although the injury may be trivial in many cases, it is not always so; if the foreign material is not removed by the washing of tears, it is exceedingly incapacitating so long as it remains, and the trauma produced by awkward or injudicious removal of the foreign body, with possible introduction of infection, may permanently damage the vision or cause the loss of the eye.

To attempt to list the various types of extra-ocular foreign bodies found would be an endless task as the materials range from ashes to zebra hairs. To try to catalogue these foreign substances as to size would be equally difficult for I have seen them from the size of a minute grain of sand to that of a piece of stick over one inch in length under the upper lid, which had been retained for more than two weeks.

The immediate effect of a foreign body striking the cornea is a sharp, burning pain followed by a gush of tears, momentary blindness and then the tightly closed lids from a blepharospasm. The natural reaction of the victim is to rub his eye

violently, thereby often embedding the substance in the corneal epithelium. If left alone, it might well have been washed by the tears into the lower cul-de-sac and then on out. As long as the foreign body remains the symptoms persist until either the epithelium with the particle sloughs away or the body digs more deeply into the cornea. Oftentimes a perforating foreign body may cause less discomfort at the time of the accident and may be considered as of no consequence because no rough edges are left and it is not until later, possibly days or even weeks, that the victim realizes something is seriously wrong because of impaired vision or increased pain and redness.

Conjunctival foreign bodies produce a more varied picture. Sharp, irregular particles remaining adherent to the inner surface of the upper lid cause continuous abrading of the cornea from the blinking of the lids. Much less irritation is produced from superficial bodies lying elsewhere on the conjunctiva. These may be present without symptoms and thus ignored through ignorance of their presence until inflammatory symptoms call for an examination.

Scleral foreign bodies fortunately are rather rare but must be suspected in the presence of hemorrhage. After absorption of the hemorrhage the scleral wound becomes visible with its retained foreign material.

Effects of extra-ocular foreign bodies vary with the particular material involved. Inert materials such as glass or plastic usually are well tolerated substances even when deeply embedded in the corneal tissue. These may, if not too large, be left undisturbed without ill effect after the initial irritation has cleared. I have seen one patient with innumerable minute fragments of glass in the corneal stroma asymptomatic after a year's time and with essentially normal vision. The accident was an explosion which shattered his spectacles.

Coal particles and powder fragments also are well tolerated, as well as lead which is infrequently encountered in the case of a plumber or a steam fitter. Various metals, on the other hand, are not inert or chemically indifferent but produce a chemical reaction with the tissues involved and thereby cause irritative symptoms and degenerative changes of considerable importance. Copper produces a rather widespread reaction, depending on the purity of the metal. A chalcosis (reddish-gold particles arranged in ring formation around the fragments of metal) results, often with necrosis and sometimes with extrusion of the foreign body. Iron and steel fragments when embedded in the cornea partially disintegrate with a siderosis or brown deposit taking place in the tissues. These, as with copper, may produce considerable irritation and lead to some opacity formation.

Vegetable or organized material, if allowed to remain, may excite an irritative inflammatory reaction, with edema, discharge and granulation tissue. This particular result may further bury the foreign substance, making it impossible to evert the lid for examination and obscuring the diagnosis more completely. Animal tissue such as an eyelash or a bristle from a brush may tend to produce a similar reaction. Complications of extra-ocular foreign bodies aside from the specific irritations described are the introduction of infection and, at a later date, the formation of opacities and implantation cysts.

In cases in which the corneal epithelium is damaged and more so if the substantia propria is involved, infection is always a possibility. If the infection is of a fulminating character, panophthalmitis and loss of the eye may dramatically follow.

It must be remembered that the foreign body is the most common cause of corneal ulcer, the majority of which start from those minute abrasions caused by dust or particles so small that the symptoms produced are transitory and scarcely noticed. The infection comes from the foreign body itself, or from dirty instruments used to remove the foreign body or from the conjunctival sac, which is rarely sterile. Fortunately if proper and meticulous care is taken at the time of the removal and immediately afterward, most such infections may be prevented. When Bowman's membrane is perforated, a corneal opacity inevitably must follow, its size depending on the trauma, the amount of manipulation necessary for removal of the foreign body, and the infection, if any, resulting. An implantation cyst is not an uncommon result of a conjunctival wound, and requires removal.

THE DIAGNOSIS OF EXTRA-OCULAR FOREIGN BODIES

The diagnosis usually is easy if the particle is of any size. However, if the foreign body is minute and the patient is in much distress with photophobia and blepharospasm, the diagnosis may be considerably difficult. I feel that a routine should be adopted, remembering always that an analgesic should be instilled first in all cases. I prefer Ophthaine 0.5% (Squibb) or Pontocaine 0.5% (Winthrop Laboratories). Adequate illumination and magnification by an ophthalmic loupe are necessary. The lower fornix should be searched first by pulling down the lower lid. Next, the surface of the cornea is searched with often a hint as to location being given by engorgement of the limbal vessels. The upper fornix is

next inspected by everting the upper lid. If the foreign body is not readily found by simple inspection, then a drop of fluorescein is used which will more readily localize the break in the corneal epithelium. When the foreign body is so minute as to escape detection with the above routine, the slitlamp or corneal microscope should be used. Of course it is realized that this instrument is not available to the general practitioner.

THE TREATMENT OF EXTRA-OCULAR FOREIGN BODIES

The superficial corneal or conjunctival particles are relatively simple to remove, again emphasizing the rule of good analgesia, illumination and magnification. These superficial foreign bodies usually can be easily wiped off with a moist cotton applicator, touching only the smallest area possible to remove the particle. Embedded corneal or conjunctival foreign bodies, being more difficult to remove, require an instrument which can be gotten under them and used to pick or pry them free. I have found a .22 gauge hypodermic needle attached to a tuberculin syringe most helpful. The needle works better if a small hook is made on the end. If the foreign body lies at a depth greater than the epithelium, I find it more easy to remove by using a sharp needle knife which should not be inserted more than the minimum necessary for the removal. The rust ring left from an iron particle should be removed as completely as possible without inflicting too much trauma. The more thoroughly this is removed, the quicker healing occurs and the less scarring results. However, if safety forbids the complete removal of the ring, it is best left alone as it usually can be removed within twenty-four to forty-eight hours when the tissues soften around it. Deeply embedded foreign bodies, or those which project into the anterior chamber, present a much more difficult problem. They should be treated as a surgical problem and their removal should be passed on to the specialist.

One should not fail to observe surgical asepsis in the treatment of extra-ocular foreign bodies. I have made it a routine to instill sulfathiazole 5% ophthalmic ointment and apply a bandage in all cases. I never use penicillin ointment because of the many penicillin-sensitized persons. If there is definite contamination and a distinct possibility of infection, the patient is given Chloromycetin Gm. 1 intramuscularly. Tetanus toxoid is given also, when indicated.

SUMMARY

To summarize briefly the care of the patient with an extra-ocular foreign body the following regimen is listed:

(1) Adequate analgesia, preferably Ophthaine or Pontocaine, locally instilled; (2) Adequate illumination and magnification; (3) Surgical asepsis; (4) Chemotherapy locally and intramuscularly, when indicated; and (5) Bandaging of the eye in all cases.

REFERENCES

Duke-Elder: Volume VI—Injuries to the Eye.
Berens: Textbook of Ophthalmology.
Spaeth: Textbook of Ophthalmology.

PERFORATING WOUNDS OF THE EYELID

A. C. Chandler, M. D.

The proper care of wounds of the eyelid is important because (1) the vision and frequently the integrity of the globe are dependent upon the function of the lid and (2) the cosmetic aspect is a matter of great concern to the patient.

TYPES OF EYELID WOUNDS

Lid wounds may be classified as follows: (1) abrasions, (2) incised wounds, (3) stab or puncture wounds, and (4) lacerated wounds.

The abrasions are relatively unimportant for they usually heal promptly. Local care to prevent infection and sometimes cold compresses because of the edema are all that is required.

Incised wounds, if horizontal, usually do not bleed freely and there is very little gaping. If the wound is vertical, involving the fibers of the orbicularis muscle, there is apt to be gaping, and bleeding may become an immediate problem.

Stab or puncture wounds, as such, are easily cared for and usually present no difficulties. In these cases it is more important to look for ocular injuries.

Lacerated wounds are the most serious. There is always bruised and crushed tissue and there is apt to be foreign material present. These wounds are caused by many and varied objects such as sticks, baseball bats, broken bottles, stones, auto windshields and dashboards, and clothes hangers. This type of wound may result from an animal's claws or teeth or from a kick by an animal or human being. Most lacerated wounds result from the tissues being suddenly compressed between a blunt object and underlying bone.

COMPLICATIONS

Infection may occur early and eventually lead to severe scarring. Orbital cellulitis always is possible and if there is cerebral involvement death may ensue. Some 200 cases of tetanus

resulting from eye injuries have been reported in the literature. Section of the levator palpebrae superioris results in ptosis and division of the palpebral ligament in shortening of the palpebral fissure. Scars at the inner canthus may be very unsightly. Notching of the lids may result in trichiasis, with constant irritation and, eventually, scarring of the cornea. Epiphora will be present if the lower lid is involved. Cicatricial contractures often result in severe ectropion, lagophthalmos and exposure keratitis, as well as trichiasis with corneal scarring and loss of vision. Extensive loss of tissue producing a large coloboma may result in ocular damage due to exposure.

TREATMENT

Wounds of the eyelid ordinarily heal rapidly because of the excellent blood supply. With adequate early treatment infection usually can be prevented, as well as disfiguring scars and visual loss that so often lead to a long series of reparative procedures. If there is any possibility of tetanus infection, antitoxin should be administered. Hemorrhage, if present, should be controlled. The wound and surrounding area are then cleaned to prevent infection. Next, the wound is carefully repaired toward retention of functional integrity and cosmetic appearance. The surgical closure of the wound should be early, preferably within forty-eight hours. After a few days muscle fibers retract and fibrose.

It should be remembered that the eye itself may be injured and that it must be properly treated, but this brief paper does not include the problem of ocular injuries.

Pressure alone may be adequate to control hemorrhage. One may use a clamp for a few minutes or cautery by diathermy. Ligatures should be used sparingly.

General toilet of the wound is important. Soap and warm water are useful. Irrigation should be done with a generous amount of warm saline. Foreign particles may be removed with forceps and sometimes with the aid of scissors. Very little debridement is necessary and every effort should be made to conserve tissue. If the tarsus, or a part of it, is detached, it should be transplanted subcutaneously elsewhere to be used in subsequent reconstructive procedures. The wound should be explored. If the levator is divided it should be repaired immediately. If the tarsal ligaments are cut they should be sutured to the periosteum. Preliminary dusting with an antibiotic powder is done by some surgeons; others administer antibiotics parenterally in addition, or alone.

When loss of tissue is not extensive, the wound edges may be easily approximated simply by suturing. If the lid margin is involved, the suturing must be done with extreme care, making certain that the grey intermarginal line, the posterior margin and the lashes are rejoined in perfect alignment. For this, 5X0 silk on a ⅜ curved cutting eye needle is used. Now the lid is everted and additional conjunctival-tarsal sutures are placed. Plain gut 4X0 is used to close the divided muscle and finally the skin is closed with interrupted silk. A mild pressure dressing is applied; the skin sutures may be removed in three or four days.

If the wound involves most of the width of the lid, the Wheeler halving procedure most often is recognized as the method of choice to avoid an unsightly notch deformity.

If loss of tissue is extensive, provision for the protection of the eye is necessary. If the lower lid is absent, the upper may be sutured to the remaining tissue on the lower orbital rim. Where there is a large coloboma, one may reflect conjunctiva and do a skin graft to close the defect. Buccal mucosa sometimes is used and skin on the temporal region may be undermined and mobilized. If there is extensive loss of skin leaving the deeper tissues, the lid margins may be sutured together and the defect covered by a skin graft. Lid skin, where possible, should be used to replace lid skin; next in order of desirability is that from above the clavicle, inside the upper arm and behind the ear.

Late correction of lid deformities resulting from wounds is surprisingly successful in experienced hands.

The Hospital Medical Director*

M. B. Williams, M. D.

It is my impression after reading Mr. William R. Huff's letter of invitation to meet with your Association that the position of the Hospital Medical Director as developed at the Ohio Valley General Hospital, in Wheeling, has created considerable interest throughout the state.

The only way I know to tell the story of this development is to relate why and how it came about. When we were considering the matter, there were no precedents to follow. Accounts of previous experience along this line could not be found, so it may be true that we did pioneer in this field.

I realize the desirability of an impersonal account, but if at times this discussion should take on too much of a personal tinge, I beg your indulgence and understanding.

THE MEDICAL DIRECTOR

It occurs to me that I should define clearly the term "Medical Director" as it applies in our hospital. All of you know that when the head of a hospital is a physician, the title, "Medical Director", often is used and its meaning is synonymous with that of the title, "Administrator".

In other hospitals, both university and non-university, in which intern and resident training programs are conducted, the position, "Director of Medical Education", has been created involving only the responsibility of organizing and supervising the educational activities of these training programs. In this instance, the title often is shortened to "Medical Director", but the meaning is not the same as that conveyed by the title of the position described above or the one following. The Director of Medical Education, usually a member of the medical staff and frequently an internist, is on a part time basis and receives suitable compensation from the hospital.

The third definition of the title, "Medical Director", follows and is the one that applies to the situation as we have developed it at the Ohio Valley General. Although he is an administrative official, he is not the administrator of the hospital.

Broadly speaking, at the Ohio Valley General, the Medical Director is responsible for the organization and proper functioning of all professional medical services or hospital medical practices. Before being more specific about the duties of such a medical director I shall describe what I feel to be the ideal relationship between the medical director and the hospital administrator, and my opinion is based on four years' experience as a member of the medical profession working with a lay administrator. If a medical director is going to function successfully he must have authority to make decisions and carry them out without interference and without the contingency that those who may be affected adversely by his actions can go over his head to the board of trustees or the administrator and have their objections sustained. For this kind of support and cooperation the medical director must be sure he is right, never acting in haste or in the heat of anger, only after thorough investigation and analysis of the situation at hand.

The Author

- M. B. Williams, M. D., Medical Director, Ohio Valley General Hospital, Wheeling, W. Va.

MISUNDERSTANDING AND FRICTION

I know that there are hospitals in which so-called bipartisan control is practiced, meaning that the business manager or some other official is responsible directly to the governing board. This arrangement is bound to lead to misunderstanding and friction. In practically all cases it will lead to weakness and inefficiency of operation. There appears, therefore, to be little argument in favor of any system other than that involving one responsible head.

The medical director may feel that some change in organization and operation of a clinical service is necessary which entails changes in general policy and which also can involve other hospital departments. In such case the administrator should be fully informed of the proposed change since he may present sound reasons (which have not occurred to the medical director) why such a change should be modified or delayed. Of course, the reverse also is true; the wise Administrator will not initiate policies that

*Presented before the West Virginia Hospital Association, at the annual meeting in Huntington, October 14, 1955.

directly or indirectly affect medical practice in the hospital without first informing the medical director, and if such give-and-take attitude prevails there is no reason why the two should not be able to hammer out their differences and arrive at a decision mutually agreeable and at the same time one that will prove of benefit to the hospital, the medical staff and the patient.

As it operates at present, the duties of the Medical Director of the Ohio Valley General Hospital are many and varied. The Medical Director is responsible for the Hospital's professional relations with the medical staff and acts as a liaison officer between the medical staff, the administrator and the board of trustees. He appoints and organizes, and establishes the rules and regulations for operation of the intern and resident staffs. He organizes and supervises the educational program for the house staff. In connection with the two last mentioned duties, he works in close cooperation with the intern, resident and teaching committees of the medical staff albeit his is the final responsibility.

The Medical Director of the Ohio Valley General Hospital is responsible for the quality of medical care rendered patients by the medical staff, this duty alone covering a lot of ground and often requiring infinite tact and diplomacy in dealing with the many vexing problems that arise. He is also supervisor of the professional activities in the Hospital's clinical departments, namely, the Departments of Anesthesiology, Radiology, Pathology, Physical Therapy, the Out-Patient Department and the Emergency Rooms.

WORK WITH COMMITTEES

In connection with his responsibility for the quality of medical care rendered by the medical staff, the Medical Director works with the tissue committee and the executive committee of the staff involving such matters as unjustified or unnecessary surgery, ghost surgery, evidence of fee splitting, inadequate or improper medical or surgical treatment, failure to hold consultation when indicated in a given case, and exceeding of limitations by a staff member. He keeps a check upon all emergency surgery; in fact, every surgical procedure performed in the Hospital is reviewed by the tissue committee with the Medical Director as an *ex-officio* member.

To the aforementioned duties of the Medical Director of the Ohio Valley General Hospital, the following can be added: Supervision of the medical records department and the medical library.

The Medical Director serves also as the training school physician and acts as consultant in establishing health service policies in the training school. Naturally he is seriously concerned with any matter that contributes to better patient care and he works closely with the nursing services. Not the least of his duties is the enforcement of the by-laws, rules and regulations governing the medical staff. He is an *ex-officio* member of all medical staff committees and attends all committee and staff meetings.

While his duties do not entail supervision of such departments, he inevitably becomes involved in some of the problems of the dietary staff and the office of reservations and admissions, and he holds frequent conferences with the administrator and the director of public relations.

While there are additional though minor activities, the foregoing account should give an idea of the manner in which our Medical Director spends his time and, yet, if someone were to ask an elevator operator, a maid, or a painter just what the Medical Director does he probably would receive an answer like this: "He is a doctor who has something to do with something medical in our hospital."

NEED FOR A MEDICAL DIRECTOR

It seems in order to relate briefly the reasons why the Ohio Valley General Hospital appointed a medical director, and the gradual development of the office to fit into the hospital organization. I have no doubt most readers will recognize the picture as one that has existed in their own institutions in the past or, perhaps, exists at present.

I do not believe I am exaggerating nor boasting when I say that the Ohio Valley General Hospital always has been a good hospital judged by the standards of the day. It always has had a good plant, well equipped and well managed. There has existed a well qualified, high type of medical staff. Individually, its members were extremely busy men doing a large volume of work in an extremely busy hospital. It had received high scoring, under the old system of approval, by the American College of Surgeons and for a good many years had been approved for intern training by the American Medical Association. However, its medical staff members were almost wholly engrossed with their own affairs. They had very little feeling of real obligation or responsibility as staff members. Parenthetically, I should make it clear that I now am thinking of conditions as they existed in the year of, approximately 1948 and I should say also that at that time I was a member of the active staff but, like the rest, I was mostly concerned with my own affairs. The feeling of the staff collectively was that the Hospital was something that was the responsibility of the administration and the governing board and that these bodies could run it practically alone, with the help of very little time, thought or effort from it.

PHOTO DATA. CAMERA: 4x5 VIEW CAMERA; EXPOSURE: 1/25 SEC. AT F.11 EXISTING LIGHTING.

ACHROMYCIN*

Tetracycline *Lederle*

widely prescribed because of these important advantages:

1) rapid diffusion and penetration
2) prompt control of infection
3) true broad-spectrum activity (proved effective against a wide variety of infections caused by Gram-positive an Gram-negative bacteria, rickettsiae, an certain viruses and protozoa)
4) negligible side effects
5) every gram produced in Lederle's *own* laboratories under rigid quality contro and offered *only* under the Lederle lab
6) a *complete* line of dosage forms

in prolonged illness, prescribe

ACHROMYCIN SF

TETRACYCLINE with STRESS FORMULA VITAMINS

Attacks the infection, bolsters the body's natural defense. Stress vitamin formula suggested by the National Research Council in *dry-filled, sealed* capsules with ACHROMYCIN, 250 mg. Also available: ACHROMYCIN SF ORAL SUSPENSION (Cherry Flavor), 125 mg. per 5 cc. plus vitamins.

dry-filled sealed capsules

(a Lederle exclusive!) for more rapid and complete absorption. No oils, no paste, tamperproof!

LEDERLE LABORATORIES DIVISION *AMERICAN Cyanamid COMPANY* PEARL RIVER, NEW YORK Lederle

*REG. U. S. PAT. OFF.

Then, in 1948, came the decision by the staff, through the intern and executive committees, to apply for approval for resident training in the various specialties. I cannot say we were modest about it since we applied for the whole works; as a staff, we thought pretty well of ourselves. After an interval came an inspection and after another interval, the total result: approval refused. I think back on that period as the beginning of the awakening. It was then late 1949 and even the intern training program was becoming a cause for concern since the great intern shortage had been gradually developing and non-university hospitals especially were feeling the pinch.

One day in the fall of 1950, I was in the administrator's office discussing some other problems with him when he brought up the subject of a medical director for the Hospital. It was evident that he had been thinking about the matter for some time and that his opinion was fairly well crystallized in so far as the necessity was concerned. It can be readily appreciated that this was a most important decision for the Hospital to make, also a most difficult matter for decision by the individual to whom the position was offered.

Then followed a series of conferences, an analysis of the possibilities from all angles and the final decision in March, 1951, with the agreement that the appointment would become effective June 15, 1951. But, already, trouble was brewing. As previously mentioned, the great intern shortage was developing rapidly so that by mid-April it was obvious that there would be no house staff the following year if something were not done quickly, inasmuch as the intern committee had failed to obtain applicants.

ADEQUATE HOUSE STAFF

The administrator asked the future medical director to secure and organize a house staff for the coming year, pledging full cooperation and adequate financial support for, in truth, an emergency existed. We believed then and more than ever believe now that a 300-bed hospital cannot be properly operated without an adequate house staff. After considerable effort a house staff was secured and its members reported for duty on July 1.

In developing the position, the first step was a survey of existing conditions, listing at that time the deficiencies and the desired objectives, the latter according to their relative importance. This was the master working plan.

Shortly after June 15th, when the office of medical director began to function, there was received from the Council on Medical Education and Hospitals of the American Medical Association a letter to the effect that continued approval for the training of interns was in jeopardy because of inadequate staff organization, an inadequate teaching program and a low autopsy rate. For the twelve months previous to June 15, 1951, I calculated our autopsy rate at 12 per cent, and the minimum rate required at that time was 15 per cent. Since then, as everyone knows, the requirement has been gradually increased so that at present it is 25 per cent. To illustrate what can be accomplished with medical staff, house staff and medical director working together, we gradually have increased our autopsy rate to the extent that for the year 1954 we secured 137 autopsies, a rate of 43 per cent, and this will be exceeded by the 1955 rate, all things being equal. To October 1, 1955, our autopsy rate was 46 per cent.

TEACHING PROGRAM

The teaching program then had to be reorganized and made to function. Important changes in the organization of the medical staff were necessary, with the duties and responsibilities plainly outlined. Changes in operation of the Hospital's clinical services were mandatory; the medical library had to be renovated. These and many other changes were indicated. We were determined to meet the requirements for approved training and, further, we were resolved to remove from our record the blot that was there as a result of our failure in being approved for the training of residents in the specialties.

Approximately a year after the office of medical director had been established, we felt that we were in sufficiently good shape to reapply for the approval in resident training in the various specialties that had been previously denied. Applications, therefore, again were filed with the Council. It was believed that some six months would pass before the inspection again would take place, and that additional improvements could be made during this period. Then a telegram arrived informing us that the inspector assigned to our area was in our section and that if we were willing we could have our inspection in about two weeks but that otherwise it would be the following year before he could get to us. We decided to accept the date and take our chances. The inspector spent three days with us and we really got a going over. The result was that we were approved for resident training in all specialties for which we applied. This meant that we could reorganize our house staff on a more efficient basis.

MEDICAL STAFF ORGANIZATION

The foundation of a medical staff organization in any hospital, large or small, lies in its by-laws, rules and regulations. Those of our staff were obsolete consisting for the most part of a conglomeration of motions, resolutions, rules and regulations passed by the staff from time to time since 1938. Some of them had originated in the administration office, particularly those relating to the qualifications for staff appointment and to the ethics of surgical practice in the Hospital. Many were good; others were out of date; some were contradictory. It was evident that complete revision of the by-laws, rules and regulation was necessary. This sounds comparatively easy of accomplishment but it proved distinctly otherwise, requiring a year's time and over. As everyone knows, in the operation of general hospitals by nonprofit organizations all authority is derived from the governing body. It is legally and morally responsible for every activity of the hospital. Thus, before new by-laws could be drawn up by the medical staff, revision of the by-laws of the board of trustees was necessary in order to provide for authority in permitting staff organization and to incorporate broad principles of medical practice in the Hospital. The two must mesh perfectly. This was carried out by the administrator and the board of trustees, and the work of revamping the medical staff by-laws proceeded.

We come now to that controversial organization often praised and just as often damned, namely, the Joint Commission on Accreditation. This body was organized in 1951, but it was 1952 before it really started to function. Training program requirements as laid down by this body and those as set forth by the Council on Medical Education and Hospitals of the American Medical Association play a prominent part in hospital and staff organization under the Commission's by-laws, rules and regulations. In this connection, I wish to commit myself on two points. First, more progress in raising the standards of hospital medical practice has been made in the past four years than in the previous twenty. Second, I believe that the most important single factor responsible is the Joint Commission on Accreditation. It is true that other bodies such as the American College of Surgeons, the Council on Medical Education and Hospitals of the American Medical Association and the American Specialty Boards, independent of their connection with the Commission, contributed to this progress but the Joint Commission deserves most of the credit.

NEW BY-LAWS ADOPTED

To condense the recital of the enormous amount of work and time and the many trying experiences into a few words, the final draft of the new by-laws, rules and regulations was passed by the staff with only one dissenting vote. They then were approved by the board of trustees and now we were on a firm basis of operation.

The new by-laws were complete and detailed and with the accompanying rules and regulations imposed controls on medical practice that I believe would have been impossible of passage by the staff ten years earlier.

Later, at the suggestion of an official of the American Medical Association, a copy of the by-laws was sent to the Joint Commission for use by its committee working on a model set. Doctor Babcock, who had just taken office as director of the commission, wrote us a most complimentary letter stating that he had read the by-laws from beginning to end and that he had only one criticism and it was directed toward the section concerning the practice of oral surgery by members of the dental profession. We had included the requirement that all dental patients, before operation, undergo a physical examination by a member of the medical staff; however, Doctor Babcock felt that we should extend medical supervision of dental cases to include the postoperative period and, in fact, the entire remaining period that the patient was confined to the hospital.

I believe I can truthfully state that relations between the medical staff and the Hospital are excellent. We are free of medical politics and opposing factions. I cannot think of anything more disastrous to all concerned than the so-called "staff-hospital fight," and the best preventive of such a calamity is a staff that is kept fully informed concerning various pertinent administrative activities.

FUNDS FOR EXPANSION

One proof of our good relations is the amount contributed to our expansion fund by the medical staff. As many people know, at present, there is in progress at the Ohio Valley General, a $5 million expansion project which, when completed, will bring our bed capacity very close to five hundred. In a campaign for funds the staff quota was set at $180,000 on a basis of $1,500,000 to be raised. Its members exceeded that quota, contributing a total of $226,000.

The staff must be self-governing and the recipient of all respect due its position in the hospital. If a proposal is fair and right, and staff

members are in full knowledge concerning it, their support can be counted upon.

In his letter of invitation, Mr. Huff raised the question of feasibility in employing medical directors in smaller hospitals, that is to say, in hospitals of 100 to 125 beds. I question the advisability of employing a full-time official in a hospital of this size but a part time position could be established, for as all of us know part time work is done by doctors in other departments of these hospitals, e. g., in anesthesiology, radiology and pathology. It would depend on the size of the staff, the volume of work and other various factors. I believe such an official is the answer to accreditation problems, also those having to do with the raising and maintaining of high standards of medical practice in the hospital. He is also the answer to training program difficulties, house staff organization and hospital-medical staff relations.

Someone has said, "When members of the medical profession have nothing else to do they get together and form another society." Well another society is in process of formation and I doubt that many members of the profession have heard of it. It is called the "Association of Medical Directors." Last May, thirty-eight of us met in Atlantic City for a session that was most interesting and profitable. Only about ten were medical directors in the sense that the position has been developed at the Ohio Valley General, and those only in the past two years; the remainder were directors of medical education in hospitals. Next year our meeting may be held in Chicago at the time of the annual Congress on Medical Education and Licensure.

HOSPITAL-PHYSICIAN RELATIONS

Before closing I would like to mention something about which I know the profession is concerned, and that is the subject of hospital-physician relations as it applies to the clinical services of Anesthesiology, Radiology and Pathology.

At our hospital we have two full-time men on anesthesia, the chief being a Board Diplomate and his associate Board eligible. In radiology we have two full-time Board Diplomates. In pathology, the chief is full time and is a Diplomate of the American Board of Pathology. So of course we are as much concerned with this matter as any hospital in the state. The Ohio Valley General Hospital's relations with these men are excellent and I know that the men are satisfied and happy in their positions; however, they do belong to their specialty societies and are subject, therefore, to the pressure and action of these groups at various times.

In recent months this subject has come to the front in West Virginia and eventually there must be a meeting of minds concerning it. The matter should be settled by agreement between the medical profession and the hospitals. Committees have been appointed by the West Virginia State Medical Association and the West Virginia Hospital Association to explore the possibilities. These committees have a real job to do.

The ideal solution would be for the American Medical Association, the American Hospital Association and the specialty boards to get together at the top level and agree upon principles and conditions governing contracts that all could accept, but this does not seem possible of accomplishment at this time.

GOOD JUDGMENT NEEDED

This is neither the time nor the place for the "hot heads" or the "fight-to-the-last-ditch boys" to be in command. It might even be good judgment for other agencies concerned with the legal aspects to keep hands off for the present and give the hospitals and the medical profession of our state a chance to work things out.

In the past year or two we have heard much of the word "exploitation": "exploitation of the physician by the hospital", "exploitation of the hospital by the physician" and "exploitation of the patient by both the physician and the hospital." Let the controversy go to the courts for settlement and the hospital and medical profession both will lose, because John Q. Public is going to decide then that he is the one being exploited, and so another blow will be struck the free, voluntary practice of medicine and of hospital operation. The state medicine advocates will be the victors, without having made any effort whatsoever.

In the September issue of Hospitals there is an article by Doctor Snoke, president elect of the American Hospital Association, entitled, "A Challenge to Physicians and Hospitals." I have read the article twice and I can recommend it highly to all who have not read it. It contains much "good red meat."

One could write about this matter indefinitely but if it cannot be settled among ourselves we will find the remarks of Dr. Elmer Hess, "Everybody loses except the lawyers", to be true, and the same may be said of Doctor Snoke's observation, "If we do not both win, we both lose." Intelligent, friendly, cooperative negotiation, therefore, should be our instrument, with the rights of both well in mind, but, no less, those also of the individual referred to in that venerable classicism, "The patient is the most important person in the hospital."

The North Portico of The Greenbrier at White Sulphur Springs.

The President's Page

(This space is being donated this month by the President, Dr. Athey R. Lutz, for the use of the West Virginia Chapter of the American Academy of General Practice in recognition of the services of its members to the people of West Virginia. The accompanying text was written by Logan W. Hovis, M. D., President of the West Virginia Chapter.)

West Virginia Chapter, AAGP

THE West Virginia Chapter of the American Academy of General Practice is beginning its ninth year. During these relatively few years our Chapter, along with the national organization, has grown rapidly and has been accorded recognition and prestige, being third among state chapters in rate of growth during 1955. We now have more than 200 members.

The American Academy of General Practice was founded in 1946. The main goal of the organization from its beginning has been to strive for higher standards of general practice by making available to general practitioners a continuing program of postgraduate education. Members are required to obtain at least 150 hours of study every three years, 50 hours of which must be devoted to approved, formal postgraduate training. Even the busiest general practitioner must take time off to fulfill these requirements if he wishes to retain his membership.

The AAGP has been encouraged by and has cooperated with the other national medical organizations and their components. In West Virginia, Dr. T. Maxfield Barber, our immediate past president, continues to serve faithfully as treasurer of the West Virginia State Medical Association. Drs. Charles L. Leonard, J. C. Huffman and Everett H. Starcher are members of the Council. Thirty-four positions on standing and special committees of the State Medical Association are held by Academy members.

Heading the list of our objectives for 1956 is our desire to provide every eligible general practitioner in West Virginia with a clear cut opportunity to join our Chapter. Dr. J. Keith Pickens of Clarksburg is chairman of the membership committee and he has capable and hard-working committee members located in all areas of the state. Machinery has been set up to facilitate the processing of applications for membership.

The Chapter is indebted to Dr. Athey R. Lutz, president of the West Virginia State Medical Association, for this opportunity to blow its own horn. We pledge him our full support during his term of office and are certain that this will be another banner year for the Association under his capable leadership.

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

AMA PUBLIC OPINION SURVEY

The American Medical Association recently completed an intensive public opinion survey designed to find out what might be needed to improve doctors' services. The survey was authorized by the Board of Trustees and conducted by an opinion and market research firm in Chicago.

Results of the survey show that the average person expects sympathy, patience and understanding from his doctor, rather than guaranteed cures and "wonder drugs." Some of the major items revealed by the survey were:

(1) Most Americans have their own family doctor; (2) most of them like him, and like doctors as a group; (3) people's opinions gained from their own experience differ from those based on hearsay or other sources; (4) doctors are more critical of themselves than other people are of them; (5) when people criticize physicians it is largely for the cost of care; they do not, however, think doctors are trying to "get rich quick"; and (6) they are evenly split for and against "sliding scales" of fees.

The research firm reported that those interviewed were selected so that the proportion of people from various age, economic, geographical, and other groups matched the proportion of such people in the total United States population.

Among the persons interviewed were 3,000 private citizens, 500 practicing physicians, 100 editors, commentators and columnists, 100 attorneys, 100 registered nurses, 100 registered pharmacists, and 100 non-physician executive secretaries of state and county medical societies.

Questions about general public attitudes were asked only of the 3,000 individuals; the special groups were asked largely about professional or organizational matters. Physicians were asked their feelings about themselves and other physicians.

The huge interviewing job was carried out by a team of 289 professional surveyors. Although the AMA approved the questionnaires after completion, the survey firm said in its report that "it is to be emphasized that the public, individual doctors, and the research agency established the issues."

Physicians may obtain a summary of the survey by writing the AMA Public Relations Department, Chicago.

---

150 YEARS OF SERVICE

The 150th anniversary of the founding of the Medical Society of the County of New York will be celebrated in April, 1956.

The Society was founded in 1806, when 102 physicians assembled on the steps of the City Hall and publicly proclaimed the existence of the Society. Its charter was almost immediately thereafter received from the State of New York, and one of the forth-

coming events of the sesquicentennial celebration will be the reenactment of this scene and the rededication of the Society to the services of the citizens of New York.

New York County now boasts of a medical society which, with its more than 7,000 members, is the largest local society in the country.

We extend to the president, Dr. Gerald G. Dorman, and all of the other members of the Medical Society of the County of New York our heartiest congratulations upon this occasion of the sesquicentennial celebration. The Society deserves great credit not only for its distinguished achievements of the past 150 years, but equally important, for its current ability to prove, for all the nation to see, that medicine is a public service profession of the highest ethical and honorable tradition.

COMPULSION CONDEMNED

The American Academy of General Practice recently polled approximately 900 family doctors on the subject of the government's compulsory, old-age retirement income plan, and the almost unanimous opinion was, "Let those who want government security at age 65 join the program; let the rest of us work out our own retirement income plan."

In an article in the February issue of *GP*, the official organ of the Academy, it was stated that although 91 per cent of the doctors oppose compulsory coverage, 83 per cent approve a voluntary coverage plan.

Very few doctors retire at age 65. Many continue to work in order to maintain high health standards in their respective communities. These doctors, who would be required to contribute under the provisions of a compulsory coverage plan, would not be eligible to receive benefits unless they retire, limit their practice and keep their incomes under $100 a month, or reach age 72.

In terms of life expectancy, few doctors would benefit from compulsory participation. Many would receive only a fraction of the total amount contributed. As one doctor pointed out, "You can make monthly payments for 40 years or more and never collect a dime. It's no bargain."

The doctors simultaneously endorsed a voluntary retirement income program, available to those who want it. Many felt there should be a direct relationship between the total amount paid in and benefits received. However, they point out that many excellent private plans are already available and that the government might do well to stay out of the insurance business.

MEDICAL EDUCATION WEEK

The American Medical Association, in cooperation with the Association of American Medical Colleges, the American Medical Education Foundation, the National Fund for Medical Education, and the Woman's Auxiliary to the American Medical Association, will sponsor a nationwide medical education week, April 22 to 28, 1956.

This program is developed to highlight the progress in medical education and eliminate many popular misunderstandings regarding the supply of physicians, the number of medical school graduates, and the alleged control of the profession over the number of students graduated.

The State and local County Societies throughout the United States are being asked to promote this program locally and to see that proper publicity is given to it.

A NEW LOOK AT PUBLIC RELATIONS

In a recent issue of the Raleigh Register, C. J. "Needy" McQuade, whose column "Bug Dust" appears regularly in that paper, referred to a letter from a citizen of Beckley in which the statement was made that "doctors are not praised enough" for their good works.

While the columnist agreed with the statement, it was pointed out that the medical code of ethics places limitations on the amount of information made available even to newspapers which feel kindly toward the men who curb and relieve human suffering.

The remainder of the article, which concerns relations between news media and the medical profession in West Virginia, is printed in its entirety on account of the interest of the members of the State Medical Association in the development of good public relations with the members of the Fourth Estate, Radio, and TV:

> On the West Virginia level, six statewide conferences sponsored by the medical association with representatives of the press, radio and TV have resulted in a better understanding between the two groups.
>
> In the early meetings the doctors and newsmen more or less tossed all types of ethics aside and slugged it out—verbally, of course. At that stage there were some who believed that the parleys should cease before the breach widened.
>
> Calm heads prevailed, however, and the last meeting, less than two weeks ago was, by comparison, a love feast—with the exception of a few blasts and rebuttals over a series of articles on doctors and hospitals which appeared in The Charleston Gazette.
>
> Ethics are fine indeed, and no person worth his salt would want doctors to cast ethics aside. On the contrary, we would like to see the ethics business spread into other professional fields.

This is strictly a personal opinion and is not intended as criticism, but we would prefer a modern day definition of ethics in the medical world. This new code should permit the men of medicine to talk for publication about outstanding successful surgery or cures which, after all, would be of interest to every person, in good health or bad.

Hospitals and doctors' records are full of human interest stories which could be told, even if anonymously, to the credit of the medical profession. Under the ethics code now in vogue, too often the names of doctors and hospitals appear only with death or tragedy in the public print.

Fortunately, the medical profession is taking a new look at public relations, as the state conferences with newsmen will attest. In this respect, the American Medical Association is a leader and has recommended the selection of public relations officers down to the county association level.

Many marvelous things happen in the world of the sick. And the doctors are directly or indirectly involved. A few months ago a doctor in Virginia told this writer that "we believe in miracles—we see many patients walk out of this hospital and science cannot fully explain their recovery."

Stories about people who escape death are more numerous and more to be desired than obituaries, although the latter get the extra-special handling by people who write the news.

HARRY GREENE CAMPER, M. D.

In death of Dr. Harry G. Camper, which occurred early yesterday morning, this community loses one of its most distinguished citizens and one who for nearly 40 years was one of its most conspicuous practitioners of medicine.

Dr. Camper lived and practiced his profession in Welch from 1913, almost immediately after his graduation from medical college, until his retirement in 1950.

It will not be attempted here to recount the details of Dr. Camper's life and achievements in this community. They were reviewed in the news columns of yesterday's issue of the Welch Daily News. It is sought here merely to make some public acknowledgment of a busy and useful career dedicated to the relief of his fellowmen from sickness and pain.

In private practice Dr. Camper was a kindly and lovable family physician. His entrance into a sick room brought an air of cheer. His personal administrations gave hope and confidence, and his fine medical and surgical skill undoubtedly relieved the suffering and saved the lives of hundreds of people whom he attended.

We offer our sympathy to his family and mark his passing with regret.—The Welch Daily News.

Progress is not made by taking pride in our present standards but by critically examining these standards, hypothetically setting higher standards and attempting to achieve them.—J. L. Rosenstein.

PUBLIC RELATIONS PROGRAM A "MUST" FOR COMPONENT MEDICAL SOCIETIES

Like most doctors, I have only become conscious of the term "public relations" in recent years. My recollection is that I first became cognizant of so-called Public Relations in 1949 when the AMA's House of Delegates voted to assess each Association member $25 for an "educational campaign." Like many of my confreres, I was not enthusiastic about the assessment. The arguments for it were not too convincing nor did the blueprint for the campaign appeal to me.

Since becoming a member of the official family of our Society, I have learned that no self-respecting organization considers itself properly organized without a public relations program. These programs vary from the employment of a single individual to departmentalized and expensive undertakings embracing a variety of features developed by imaginative executives.

When the AMA and its various component units finally decided to adopt public relations programs in an effort to gain prestige and good will, they went all out.

My feeling based on limited observation is that the current programs deserve our wholehearted support. However, as has been pointed out by those employed to direct them, they are at best supplementary. The key figure in any medical public relations program is the physician himself. In the final analysis, its success or failure depends on the physician maintaining a satisfactory relationship with his patients.

In view of this, and the skepticism with which many medical men have viewed the expenditure of large sums for "public relations," wouldn't it be better to adopt the term "human relations"? After all, physicians are primarily concerned with the health of individuals. It would seem much more appropriate therefore to place emphasis where it belongs—on the more intimate aspect of their relations with the people. Not of least importance, such a term applied to a medical public relations program would be more palatable where both the public and the medical profession are concerned.—W. R. Morris, M. D., in Medical Annals, D. C.

SOCIAL SECURITY THE BATTLEGROUND

American medicine today finds itself in the uncomfortable position of leading a battle with no supporting troops in the rear. The battleground—Social Security.

Ever since the original Social Security law was enacted in 1935, medicine has been under the legislative gun. For the past twenty years there have been those in government who would take over the practice of medicine as a federal function. Their theory is based upon the experience in European countries and on the politically tenable theme of "the ultimate good for the most people."

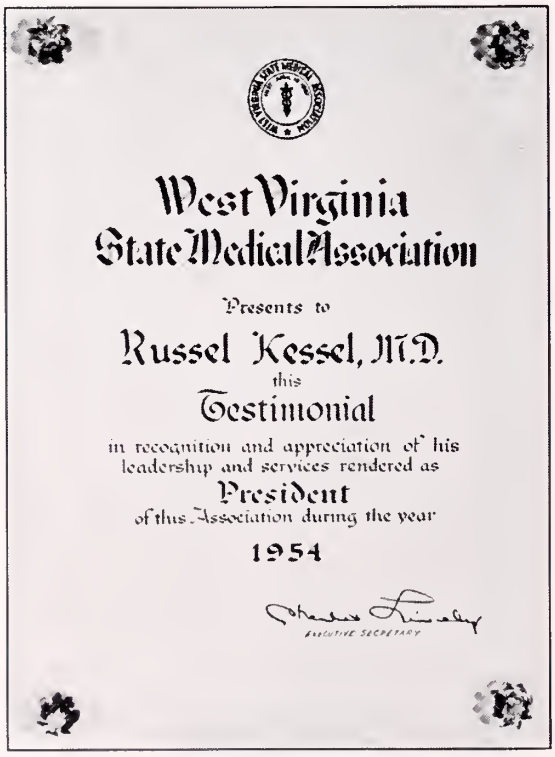
Medicine has been relegated, by these proponents, to the category of a public utility which cannot be allowed to operate unhampered but must be brought under governmental control if the people are to benefit from a service which simultaneously, demands great knowledge and contains all the elements of a daily necessity.—California Medicine.

GENERAL NEWS

STATE MEDICAL PRESENTS PLAQUES TO ALL LIVING PAST PRESIDENTS

The West Virginia State Medical Association has presented a plaque to each of its 21 living past presidents in appreciation of services rendered. The wall-type plaque, each a laminated plastic covered scroll on a walnut base, is a product of the Scroll Studio, Chicago.

Action looking toward the presentation of the plaque was taken by the unanimous vote of the Council at a meeting held in December 1955. The plaques were delivered to the headquarters offices in Charleston and from there mailed to the past presidents.



Past President's Plaque

The wording on each plaque indicates that it is being presented "in recognition and appreciation of services rendered as president" during the year in which the recipient held that office.

Living Past Presidents

The following is a tabulated list of the living past presidents, all of whom, with one exception, reside in West Virginia:

1910	Thomas W. Moore	Huntington
1921	J. Howard Anderson	Welch
1924	Robert A. Ashworth	Moundsville
1927	Chester R. Ogden	Clarksburg
1930	Walter E. Vest	Huntington
1933	Delivan A. MacGregor	Wheeling
1936	Charles G. Morgan	Corpus Christi, Texas
1939	Ray M. Bobbitt	Huntington
1940	Frank V. Langfitt	Clarksburg
1944	Robert J. Reed, Jr.	Wheeling
1945	Thomas L. Harris	Parkersburg
1946	Andrew E. Amick	Lewisburg
1947	Wade H. St. Clair	Bluefield
1948	Thomas Bess	Keyser
1949	Thomas G. Reed	Charleston
1950	Charles E. Watkins	Oak Hill
1951	Frank J. Holroyd	Princeton
1952	Sobisca S. Hall	Clarksburg
1953	James S. Klumpp	Huntington
1954	Russel Kessel	Charleston
1955	James P. McMullen	Wellsburg

A plaque was also presented to the present president, Dr. Athey R. Lutz of Parkersburg, who will serve until January 1, 1957.

THIRD NATIONAL CANCER CONFERENCE

The Third National Cancer Conference will be held in Detroit, Michigan, June 4-6, under the joint sponsorship of The American Cancer Society and the National Cancer Institute of the Public Health Service, Department of Health, Education and Welfare. It is expected that more than a thousand research scientists and clinicians will be present. The last National Cancer Conference was held in Cincinnati in 1952.

The opening session, which will be held at the Sheraton-Cadillac Hotel, will feature addresses by Dr. John L. Heller, Director of the National Cancer Institute, and Dr. Charles S. Cameron, Medical and Scientific Director of The American Cancer Society.

Morning and afternoon sessions of the three-day meeting will feature subjects of broad interest, with outstanding speakers on the program. The general sessions will be followed by various symposia for the discussion of cancer of different body sites, such as lung, gastrointestinal tract and breast.

Copies of the program and advance registration cards may be obtained by writing to the National Cancer Conferences Coordinator, American Cancer Society, 521 West 57th Street, New York 19, N. Y.

PHILLIP W. HALL HEADS CHAPTER OF SAMA AT WVU SCHOOL OF MEDICINE

The idea of acquainting medical students with organized medicine on all levels while they are still in medical school originated within the framework of the American Medical Association some years ago. It was felt that the students, as future physicians, should become familiar and actively interested in the affairs of the organization of which they will probably become members upon completion of their medical training.

The Student American Medical Association was organized in 1950. Today, there are active chapters in 69 medical schools, and more than 24,000 students have been affiliated as a members since the SAMA was first organized.

Objectives of SAMA

The objectives of the SAMA are four-fold: (1) to advance the profession of medicine; (2) to contribute to the welfare and education of medical students; (3) to familiarize members with the purposes and ideals of organized medicine; and (4) to prepare members to meet the social, moral and ethical obligations of the profession.

The SAMA, which now operates independently of the parent organization, has headquarters in Chicago. The group holds an annual convention and is governed by a house of delegates. The SAMA serves as an advisory agency in planning chapter programs and maintains a clearing house for information of interest to students.

The Journal of the Student American Medical Association is published monthly with the exception of the summer vacation period.

State Chapter Organized in 1952

Students in the two-year School of Medicine at West Virginia University are active in the SAMA. The chapter was organized in 1952. Dr. Clark K. Sleeth, associate professor of medicine and assistant director of the Student Health Service at the University, serves as faculty advisor to the chapter.

Clarksburg Student Heads Group

Mr. Phillip W. Hall of Clarksburg, a second-year medical student, is serving as president of the chapter this year. He is the son of Dr. Sobisca S. Hall, who is a past president of the West Virginia State Medical Association. Mr. Hall will continue his medical studies at the University of Pennsylvania School of Medicine following completion of the two-year course this spring.

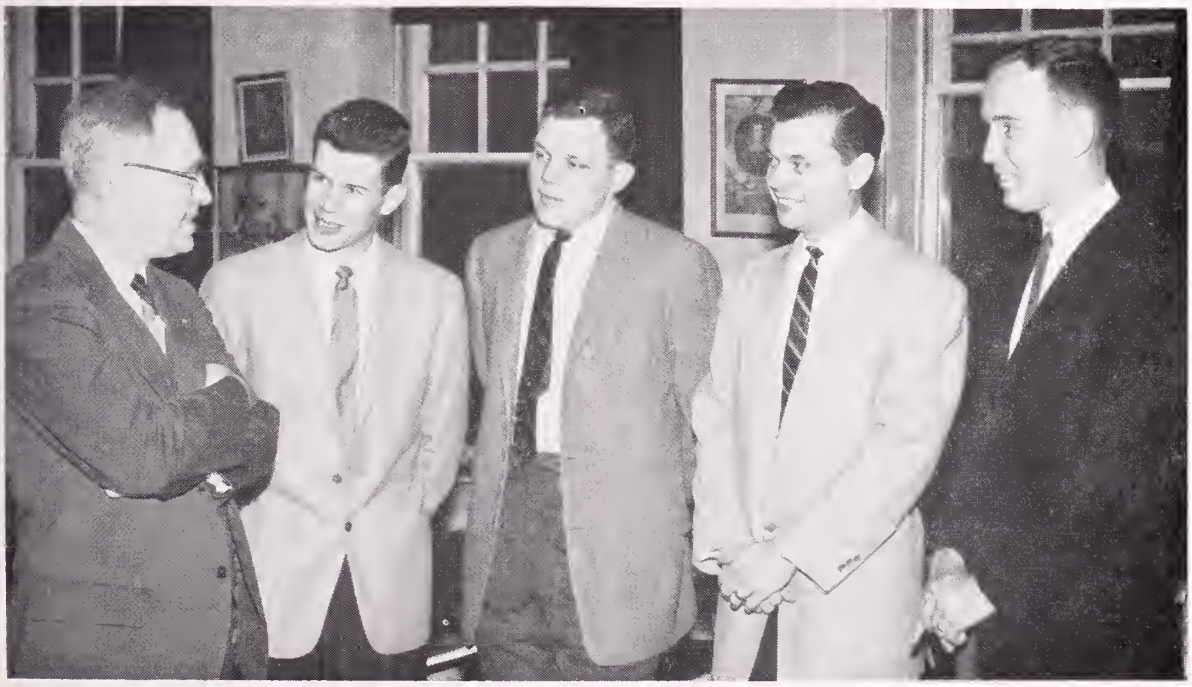
Other officers are Mr. Donald P. Stacks of Welch, vice president; Mr. William T. Weaver of Welch, secretary; and Mr. Marcus W. Rogers of Forest Hill, treasurer.

DR. HARVEY HAAG RESIGNS AT MCV

Dr. Harvey B. Haag, who for many years has been head of the department of pharmacology at the Medical College of Virginia, has tendered his resignation in order to devote more time to research and writing.

The Medicovan, official organ of MCV, reports that Dr. Paul S. Larson, professor of research pharmacology, has been named as successor to Doctor Haag.

Doctor Haag has a wide acquaintance among members of the medical profession in West Virginia. He has appeared as guest speaker before several component societies, principally in the southern part of the state.



Officers of the West Virginia University Chapter of the Student American Medical Association confer with Dr. Clark K. Sleeth, Faculty Advisor to the group, at the WVU School of Medicine. Left to right, Doctor Sleeth, Mr. Phillip W. Hall of Clarksburg, President; Mr. Donald P. Stacks of Welch, Vice President; Mr. William T. Weaver of Welch, Secretary; and Mr. Marcus N. Rogers of Forest Hill, Treasurer.

MORE THAN 80 STATE PHYSICIANS TO ATTEND ANNUAL AAGP MEETING

More than 80 members of the West Virginia Chapter of the American Academy of General Practice are expected to attend the Eighth Annual meeting of the Academy at the Sheraton-Park Hotel, in Washington, D. C., March 19-22, 1956.

Many of the physicians will be accompanied by their wives, who will participate in the interesting programs arranged during the meeting.

Panel Discussion on Monday

The first part of the scientific program on Monday afternoon, March 19, will be in the nature of a panel discussion on "Disturbances and Distortions of Demeanor." Dr. George Raines will be the moderator, and Drs. Mabel Ross, Robert H. Felix and Manfred S. Guttmacher, will serve as members of the panel.

There will be two papers presented late in the afternoon, one by the Rev. Das Kelley Barnett on "Medicine and Religion," and the second by Dr. Leonard Scheele, Surgeon General, USPHS, on the subject of "The Changing Pattern of Disease."

Four papers will be presented on Tuesday morning, March 20, as follows:

"Laboratory Aids in Diagnosis of Fevers"—Ivan Bennett, M. D.; "Therapy of External Ocular Diseases"—Irvin H. Leopold, M. D.; "Primary Wound Repair"—Neal Owens, M. D.; and "Tumors and Swellings of the Neck"—Grant E. Ward, M. D.

Live Clinic on Tuesday Afternoon

A live clinic is scheduled for Tuesday afternoon, the subject being "Diagnosis and Treatment of Curable Heart Disease." Dr. W. Proctor Harvey will be the moderator and the program will be presented by a demonstration team from George Washington University School of Medicine.

Two other papers will be presented Tuesday afternoon. The subject of Dr. Fred Stare's paper will be "Atherosclerosis—Is it Reversible?" Dr. Eugene Stead will discuss "Cardiac Emergencies."

The first two papers on the scientific program on Wednesday morning will be presented by Hugh J. Jewett, M. D., and Lee Turlington, M. D. They will discuss, respectively, "Urologic Obstructive Lesions in the Young Male", and "Urology in the Elderly Female."

OB Symposium on Wednesday

The morning program will end with a discussion of "Visual Evidence of Vulvovaginal Diseases." Dr. Francis T. Hodges will be the commentator and papers will be presented by Dr. Joseph A. Hepp and Newlin F. Paxson.

An OB symposium has been arranged for Wednesday afternoon, when the following program will be presented:

"Preparation for Pregnancy"—Robert H. Barter, M. D.; "Protecting the Pregnancy"—Paul A. Bowers, M. D.; and "Preserving the Perineum"—D. Frank Kaltrider, M. D.

Following the OB symposium, a paper will be presented by Dr. Ryle A. Radke on "Intestinal Parasites," and Dr. Henrik J. Stafseth will discuss "Contributions of Veterinary Medicine to Human Medicine."

Final Session Thursday Morning

A live clinic is scheduled for Thursday morning, March 22, under the direction of Dr. Josephine Buchanan. The subject will be, "Management of Patients with Disabling Diseases."

The morning program will end with the presentation of two papers, one by Dr. William Harrington, who will discuss "Thrombocytopenia—Its Causes and Treatment." and the other by Dr. Francis C. Wood, whose subject will be "A Look at Tomorrow's Medicine."

West Virginia Day on Tuesday, March 20

West Virginia day will be observed on Tuesday, March 20. There will be a reception in the Mural Room of the Hotel at 5:45 P. M., and a banquet will follow in the Carabar Room at 6:30 o'clock. The members of the West Virginia delegation in Congress will be honor guests at the banquet.

WVU MED STUDENTS WIN SCHOLARSHIPS

The National Foundation for Infantile Paralysis has granted scholarships to four students at West Virginia University School of Medicine. The research projects will be carried on during the vacation period in 1956.

Dr. E. J. Van Liere, dean of the Medical School, has announced that Lowell Thomas Coleman of Jodie, Fayette County, will work under Dr. George Miyakawa, chief of staff of Marmet Hospital. He will make a study of the treatment of polio and rehabilitation at various stages of the disease.

Justus Cunningham Pickett of Morgantown and Patrick C. Williams of White Sulphur Springs will be attached to the Monongalia County Health Department in Morgantown and will study epidemiological follow-ups and evaluations of reportable diseases.

Carl Jackson Greever of Welch will work with Dr. Daniel T. Watts, head of the University department of pharmacology. He will do research on the role of adrenergic amines and adrenergic blocking agents in shock as his thesis for a master's degree in pharmacology from the University.

The fellowships, financed from March of Dimes collections, were established by the National Foundation to introduce the students to the following fields and enable them to "determine their abilities and aptitudes" early in their medical careers: Research in basis medical sciences, rehabilitative medicine, public health, and preventive medicine.

CHANGE IN ADDRESS

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

RELOCATIONS

Dr. Stephen Mamick of White Sulphur Springs, who has been serving as chief of radiology at the VA Hospital in Roanoke, Virginia, has been named as chief of the department of radiology at the Williamson Memorial Hospital, Williamson, where he will also be in charge of the laboratory.

* * *

Dr. Robert K. Fankhauser, who was released from service with the Navy in December, 1955, has resumed general practice in Parkersburg. He has offices with Dr. Logan W. Hovis at 215 Eleventh Street.

* * *

Dr. John J. Coogle of Fairmont, who recently completed a residency in surgery at the Veterans Administration Hospital in Richmond, Virginia, has located in his home city for the practice of his specialty of surgery. He has offices in the Professional Building.

* * *

Dr. Reece R. Boone, Jr., of Montgomery, who has been on the staff of Laird Memorial Hospital for several years, has moved to Mooreland, Oklahoma. He is chief of surgery at the Northwest Community Hospital in that city.

* * *

Dr. Johnson Chu and his wife, Dr. Sylvia Cheng, members of the medical staff of Weston State Hospital, have accepted appointment to the medical staff of the Logansport State Hospital, in Logansport, Indiana. Doctor Cheng has been a member of the staff at Weston since 1949, and Doctor Chu assumed his duties there late in 1950 after serving for several months as a member of the staff at Spencer State Hospital.

TRUDEAU SOCIETY ANNOUNCES PG COURSE

The American Trudeau Society has announced a postgraduate course on "The Measurement of Pulmonary Function in Health and Disease" in Boston, March 26-30. Daily sessions will be held from 9 a. m. to 5 p. m.

The course will be sponsored by the medical schools of Harvard University, Tufts College and Boston University, the Harvard School of Public Health, and the Massachusetts Tuberculosis and Health League.

The course is designed primarily for physicians who are interested in diseases of the chest and those who wish to become acquainted with the methods used in the evaluation of pulmonary function. Methods of analysis of pulmonary function and related cardiac function will be described and demonstrated. Tuition for the five-day postgraduate course is $50.

Additional information may be obtained by writing Edward J. Welch, M. D., chairman, Regional Committee on Postgraduate Courses, 1101 Beacon Street, Brookline 46, Massachusetts.

DEAN TRUSLOW RESIGNS MCV POST

Dean John B. Truslow of the School of Medicine at the Medical College of Virginia, has accepted appointment as executive director of the University of Texas medical branch at Galveston. He has served as dean at MCV since January, 1951.

MLB LICENSES 23 PHYSICIANS TO PRACTICE IN WEST VIRGINIA

At the winter meeting of the Medical Licensing Board, held January 9, 1956, at the New State Office Building in Charleston, six physicians were licensed by examination and seventeen by reciprocity with other states:

The following physicians were licensed by examination:

Cardenas, Mario (Lara), Mullens
Kovacevich, Miroslav, Charleston
Laqueur, Werner Adam, Beckley
Nunnari, Diego, Oak Hill
Sadler, Jasper Evan, Jr., Barboursville
Wayne, David Michael, Bluefield

The following physicians were licensed by reciprocity:

Allen, Charles Insley, Jr., Beckley
Amory, Harold Irvin, Beckley
Benshoff, Arthur Morgan, Jr., Williamson
Bray, Stuart Thomas, White Sulphur Springs
Evans, William Ward, Williamson
Guy, Ernest Gordon, Philippi

Keeney, Paul Aloysius, Man
Linger, Robert Thomas, Charleston
Lucas, Jean Pitner, Martinsburg
Marra, John James, Beckley
McDermott, Frederick James, Elkins

McKinney, Worthy William, Beckley
Meade, Gordon Mont., Williamson
Schlabach, Walter E., Philippi
Tompkins, Winslow T., Beckley
Wilkinson, William Edward, Beckley
Zack, Frank Anthony, Roanoke, Virginia

The spring meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston on Monday, April 23, 1956, for the purpose of examining applicants for license to practice in West Virginia.

MEDICAL MEETINGS, 1956

The following is a partial list of national, state and district medical meetings scheduled for 1956:

Mar. 2-6—Va. Chap., AAGP, Hot Springs, Va.
Mar. 6—Seminar, WVU Sch. Med., Morgantown.
Mar. 8-10—AMA Rural Health Conf., Portland, Oregon.
Mar. 19-22—AAGP, Washington, D. C.
Mar. 22—W. Va. Pediatric Soc. Scientific Session, Clarksburg.
Mar. 26-30—Trudeau Soc. PG Course, Boston.
Apr. 2-3—Annual Travel Meeting, W. Va. Ob. and Gyn. Soc., New Orleans.
Apr. 7—Section on Neurology, Neurosurgery and Psychiatry, Interim Scientific Session, Weston.
Apr. 14-15—W. Va. Chap., AAGP, Charleston.
Apr. 16-20—ACP, Los Angeles, Cal.
Apr. 22-29—Hawaii Med. Assn. Centennial, Honolulu
Apr. 23—Medical Licensing Board, Charleston.
May 20-25—National TB Assn., New York City.
June 4-6—National Cancer Conf., Detroit.
June 7-8—State Health Conf., Charleston.
June 7-10—ACCP, Chicago.
June 11-15—AMA Annual Meeting, Chicago.
July 15—Symposium, Va. and W. Va. Chaps., AAGP, White Sul. Spgs.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Oct. 8-12—ACS, San Francisco.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

SPRING SEMINAR ARRANGED FOR WVU SCHOOL OF MEDICINE, MARCH 6

Dr. Samuel P. Martin of Durham, North Carolina, will be the guest speaker before a medical seminar at West Virginia University School of Medicine in Morgantown, on Tuesday afternoon, March 6. His subject will be "The Cellular Mechanisms of the Body's Defenses."

The speaker, a native of East Prairie, Missouri, received his M. D. degree from Washington University School of Medicine, St. Louis. He is now associate professor of medicine and bacteriology at Duke University School of Medicine and will on April 1 assume his duties as professor of medicine at the new University of Florida College of Medicine, at Gainesville.

He was a visiting investigator at Rockefeller Institute, 1948-49, under Dr. Rene Dubos. He was a Markle Scholar in Medical Science from 1950 to 1955. He is a fellow of the American College of Physicians and also a member of the American Society of Clinical Investigators.

Dr. Robert L. Bradley a native of Hundred, West Virginia, and a graduate of West Virginia University, was the guest speaker at a seminar held at the School of Medicine on Friday, February 10. The speaker, who is chief of the surgical service at the Veterans Hospital in Huntington, spoke on the subject of "The Surgical Treatment of Peptic Ulcer."

DR. C. P. ARTZ SPEAKER ON OHIO PROGRAM

Lt. Col. Curtis P. Artz (MC), USA, formerly of Grantsville, will be one of the speakers before the annual meeting of the Ohio State Medical Association, at Cleveland, April 10-12. He will present a paper on the subject of "Treatment of Burns" before a joint session of the Section on General Practice and the Section on Surgery on Tuesday evening, April 10.

Colonel Artz, a past president of the Academy of Medicine of Parkersburg, and a former member of the Council of the State Medical Association, has served in the Medical Corps of the Army since 1948. He is now stationed at Brooks Army Medical Center, San Antonio, Texas.

ACTING SECRETARY NAMED BY KSMA

Dr. Woodford B. Troutman of Louisville, Kentucky, was recently named acting secretary of the Kentucky State Medical Association and acting editor of the state medical journal. He assumed his official duties on February 1.

He succeeds Dr. Bruce Underwood who accepted an appointment with the United States Public Health Service in Washington, D. C., in connection with the Hill-Burton program of federal aid for the construction of hospitals.

DOCTOR VOGELER IN HAWAII

Dr. Edward J. Vogeler, Jr. of Charleston, who completed a three-year residency in psychiatry at Graylyn, Winston-Salem, a few months ago, is now serving as supervising psychiatrist of the female service at the 1,250-bed Territorial Hospital in Kaneohoe, Hawaii. He expects to return to practice in Charleston next August.

W. VA. CHAPTER, AAGP. TO MEET APRIL 14-15

The Fourth Annual Scientific Assembly of the West Virginia Chapter of the American Academy of General Practice will be held at the Daniel Boone Hotel in Charleston, April 14-15.

While the program has not yet been completed, it is now known that addresses will be presented by at least 15 speakers at the four general sessions planned for the meeting.

The program on Saturday morning, April 14, will be presented by the Surgery Section, and the Medicine Section's program will follow that afternoon.

The program for Sunday morning, April 15, is being arranged by the Obstetrics, Gynecology, and Endocrinology Section, and the meeting will close that afternoon with a program that will be presented by the Miscellaneous Section. The complete program of the meeting will appear in the April issue of the Journal.

The overall arrangements for the meeting are being made by the general chairman, Dr. Halvard Wanger, of Shepherdstown.

Dr. Logan W. Hovis of Parkersburg is president of the West Virginia Chapter, AAGP, having been elected at the annual meeting in Charleston last April, succeeding Dr. T. Maxfield Barber, of Charleston.

Dr. Don S. Benson of Moundsville is vice president, Dr. Seigle W. Parks of Fairmont, secretary, and Dr. Myer Bogarad of Weirton, treasurer.

Doctor Wanger is the president elect, and he will serve during 1957.

AMA RURAL HEALTH CONFERENCE, MARCH 8-10

The 11th National Conference on Rural Health, sponsored by the American Medical Association's Council on Rural Health, will be held at Multnomah Hotel in Portland, Oregon, March 8-10, 1956. Dr. F. S. Crockett, of Lafayette, Indiana, chairman of the Council on Rural Health, will preside. The major topic for discussion at the conference will be "The Doctor's Responsibility in the Physician-Patient Relationship."

Dr. Carl S. Mundy, of Toledo, Ohio, who was a speaker at the State Medical Association's Rural Health Conference in 1954, will serve as chairman at the first session on Thursday, March 8. Addresses will be delivered by Dr. George F. Lull, secretary-general manager of the AMA, and Dr. E. G. Chuinard, president of the Oregon State Medical Society.

Dr. George F. Bond, of Bat Cave, North Carolina, also a regional director, will preside at the final session on Saturday, March 10. Doctor Bond appeared on the program at the Rural Health Conference at Jackson's Mill in 1950. He has lately been serving in the medical corps of the Navy.

Speakers at the banquet on Friday evening will be Dr. Dwight Murray, of Napa, California, AMA president elect, and Louis A. Rozzoni, of Berkeley, California, president of the California Farm Bureau Federation.

Mental Health and problems of the aged will be discussed at the Friday morning session, and "Uses and Abuses of Health Insurance" will be the topic for discussion that afternoon.

JOINT SESSION OF LEGISLATURE HELD AT LAKIN STATE HOSPITAL

A joint session of the West Virginia Legislature was held at Lakin State Hospital, in Lakin, on January 17, 1956.

Besides members of the Senate and House of Delegates, the session was attended by members of the Board of Public Works and the Mason County Medical Society, and others interested in mental health in West Virginia.

The meeting was sponsored by the Board of Control, of which James M. Donohoe is president, L. Steele Trotter, treasurer, and Mrs. Betty Sammons Blosser, secretary. All of the members were present.

The honor guests were Governor William C. Marland, Ralph J. Bean, President of the Senate, and William E. Flannery, Speaker of the House.

Governor Marland was introduced by Senate President Bean and extended a welcome on behalf of the State of West Virginia. He was followed by James M. Donohoe, President of the Board of Control, who outlined the program for the day.

Mental Health Problems Discussed

An exhaustive review of mental health problems in West Virginia was given by speakers at both morning and afternoon sessions.

The following program was presented at the morning session:

"The Acute and the Chronic Patient; the Situation at Spencer."—Isaac C. East, M. D., Superintendent, Spencer State Hospital.

"Intensive Treatment vs. Custodial Care; the Situation at Weston."—H. Sinclair Tait, M. D., Superintendent, Weston State Hospital.

"The Accredited Mental Hospitals—What They Are and Why They Are Important; The Situation at Huntington."—Hiram W. Davis, M. D., Superintendent, Huntington State Hospital.

"The St. Marys Story."—Ralph H. Zemer, M. D., Superintendent, West Virginia Training School.

"The Need for Ancillary Personnel in the Intensive Treatment Program."—Simon O. Johnson, M. D., Superintendent, Lakin State Hospital.

Afternoon Session

The following program was presented at the afternoon session:

"The Huntington Demonstration." — Hiram W. Davis, M. D., Superintendent, and Charles G. Poland, M. D., Consulting Psychiatrist, Huntington State Hospital.

"The Lakin Demonstration."—S. O. Johnson, M. D., Superintendent, Lakin State Hospital, assisted by Mildred Bateman, M. D., Clinical Director and Kathryn Rainbow, M. D., Staff Physician.

"Problems That Cross the Desk of a Board of Control Member."—Mrs. Betty Sammons Blosser, Member-Secretary, W. Va. Board of Control.

"Summary of State's Mental Health Problem."—L. Steele Trotter, Treasurer, W. Va. Board of Control.

"Recommendations of the Board of Control."—James M. Donohoe, President, W. Va. Board of Control.

Dr. Margaret Morgan, Luncheon Speaker

The guest speaker at the luncheon at noon was Dr. Margaret Morgan, Indiana Commissioner of Mental Health. She presented an interesting, informative and forceful address, emphasizing personnel, salaries, additional rehabilitation facilities, research and the new sentiment in intensive therapy that is now being reflected in Indiana and the country as a whole.

The speaker cited astounding percentages of hospital turnover in the form of trial visits and discharges.

The program was televised nationally and covered by representatives of the local, state and national press.

MEDICO-LEGAL WORKSHOP IN RICHMOND

A Medico-Legal Workshop for medical examiners, pathologists and other interested physicians will be held in the Ampitheatre and Baruch Auditorium of the Medical College of Virginia, at Richmond, March 23, 1956. The Workshop is being sponsored by the MCV Department of Legal Medicine, the Chief Medical Examiner's Office, and the Virginia Society of Pathologists and Laboratory Medicine.

All aspects of medico-legal investigation will be considered by the medical examiners, who will convene in joint session with the pathologists for the consideration of obscure causes of death. The pathologist will be afforded an opportunity to witness procedures and techniques of medico-legal autopsies on a wide variety of cadavers.

Registration for the one-day meeting is limited. Full information may be obtained by writing to Geoffrey T. Mann, M. D., LL.B., Chairman, Department of Legal Medicine, Medical College of Virginia, Richmond, Virginia.

WVU SCHOOL OF MEDICINE RECEIVES GRANT

A grant of $11,645 has been received by West Virginia University School of Medicine from the National Fund for Medical Education, Inc. The grant is to be used for the purpose of supplementing the regular University budget for salaries of the faculty and the purchase of laboratory equipment for teaching and research.

Dr. Edward J. Van Liere, dean of the School of Medicine, has said that the amount received represents the basic $7,500 given to all two-year medical schools, plus $30.00 per enrolled student at the school. The remainder of the total grant represents contributions by alumni and friends of the school.

The American Medical Education Foundation was established in 1949. Funds are collected from various sources and distributed exclusively to medical schools.

DR. RAYMOND W. SASS CERTIFIED

Dr. Raymond W. Sass, head of the department of obstetrics and gynecology at the Golden Clinic, in Elkins, has been elected to fellowship in the American Academy of Obstetrics and Gynecology. He is a diplomate of the American Board of Obstetrics and Gynecology and a member of the American College of Surgeons.

MATERNAL WELFARE GROUP FAVORS SEMINARS ON OB. AND PEDIATRICS

A meeting of the West Virginia State Medical Association's Committee on Maternal Welfare was held late in January at the Daniel Boone Hotel in Charleston, with the chairman, Dr. Charles L. Goodhand of Parkersburg presiding. Other members of the committee present were Dr. Clarence H. Boso of Huntington and Drs. W. E. Hoffman and Helen B. Fraser, both of Charleston. Doctor Fraser is secretary of the committee.

Need for Public Education

One of the major items on the agenda for discussion was the matter of expanding the work of the committee along educational lines. Up to the present time, the principal item of business for consideration has been reviewing cases involving maternal deaths.

It was the consensus of the members present at the meeting that review of maternal deaths in the past would indicate that there is still some need for public education concerning the importance of prenatal care.

It was agreed that the work that is being done by the committee constitutes suitable material for publication in The West Virginia Medical Journal, and reports of future meetings are to be submitted to the Journal for use as news stories.

The secretary of the committee was requested to prepare and submit to the members at the next meeting a draft of standards and approved procedures for delivery services that may be used as a guide in hospitals over the state.

The committee agreed that prenatal mortality studies is the responsibility of both obstetricians and pediatricians. Doctor Fraser said that a study is now under way in Kanawha County and that the results will be known within the next few weeks.

Seminars Planned

The chairman reported that a request had been received from Dr. Logan W. Hovis of Parkersburg, a member of the advisory committee to the director of the division of maternal and child health, State Department of Health, for consideration by the committee of the desirability of arranging a series of seminars on obstetrics and pediatrics. The seminars, which would be held in various cities throughout the state, would be sponsored by the West Virginia State Medical Association and the division of maternal and child health of the state department of health.

The suggestion was made by Doctor Fraser that all of the seminars should be presented in areas other than where meetings are now being sponsored by the two organizations. She further suggested that the seminars be in the nature of wet clinics, thus making it possible for physicians to present some of their more puzzling cases.

The committee voted unanimously in favor of the projected seminars, and the chairman was directed to pass the information along to Doctor Hovis.

During the meeting, the committee reviewed eight cases involving maternal deaths about which information had been received since the last meeting.

AMA CONVENTION IN CHICAGO, JUNE 11-15

The 105th annual meeting of the American Medical Association will be held in Chicago, June 11-15. The AMA reports that nearly five full days of lectures, scientific and technical exhibits, color television and motion picture presentations have been lined up to enable attending physicians to obtain a good "short course" in post-graduate medical education.

More than 12,000 physicians are expected to attend the June meeting. The convention activities will be centered at the Navy Pier, Northwestern University and near northside hotels. All sessions of the AMA House of Delegates will be at the Palmer House.

There will be at least 350 technical exhibits and more than 300 scientific exhibits set up on the Navy Pier.

A few of the outstanding scientific features already scheduled include: fracture and fresh pathology exhibits; physical examinations for physicians; exhibit-symposiums on traffic accidents and arthritis and rheumatism; special exhibits on cardiovascular diseases; and pulmonary function tests.

Complete details concerning the AMA meeting will be published in future issues of the JAMA.

1956 SCHERING AWARD

The Schering Corporation has announced its eleventh annual award competition for medical students in the United States and Canada. One of the following subjects may be selected by participating students: (1), The Clinical Use of Adrenocortical Steroids in Collagen Diseases; (2), Metabolic Aspects of the Aging Process; and (3), New Applications of Antihistamines in Medicine and Surgery.

Both a $500 first prize and $250 second prize will be awarded for each of the three subjects. Judges who are authorities in their respective fields will select the winners.

Literature and entry forms are being distributed to all the medical schools in the United States and Canada. Entries should be submitted before July 1, 1956, and manuscripts must be postmarked not later than September 30.

AM. INSTITUTE OF DENTAL MEDICINE TO MEET

The 13th annual meeting of the American Institute of Dental Medicine will be held at Palm Springs, California, November 4-8, 1956. All seminar lecturers will participate in a roundtable forum for the discussion of the application of their particular subjects to the practice of dental medicine.

Applications and full information may be obtained by writing Miss Marion G. Lewis, 2240 Channing Way, Berkeley 4, California.

STATE DOCTORS ATTEND PG COURSE IN DIABETES

Dr. William M. Sheppe of Wheeling and Dr. Richard N. O'Dell of Charleston attended the Fourth Postgraduate Course in Diabetes and Basic Metabolic Problems, sponsored by the American Diabetes Association and held at the Statler Hilton Hotel in Dallas, Texas, late in January.

VIRGINIA CHAPTER AAGP AT HOT SPRINGS

The Sixth Annual Scientific Assembly of the Virginia Chapter of the American Academy of General Practice, will be held at the Homestead, in Hot Springs, Virginia, March 2-4, 1956.

The program on Friday morning, March 2 will be presented by the Virginia Diabetes Association, and the afternoon program by the Virginia Chapter of the AAGP.

Varied scientific programs will be presented on Saturday morning and afternoon, March 3, and on Sunday morning, March 4. The meeting will close with a religious service after the third paper on Sunday morning, with Dr. W. Taliaferro Thompson, Sr., D.D., Union Theological Seminary, Richmond, as the guest speaker.

PRESTON SECRETARY SERVING 20TH TERM

Dr. Charles Y. Moser of Kingwood is serving his 20th term as secretary-treasurer of the Preston County Medical Society, having been reelected at a meeting held in Kingwood late in January.

Doctor Moser, who received the degree of Master of Public Health from Johns Hopkins University in 1946, has been a member of the Preston Society since 1934 and has served as health officer of Preston County since 1935. In point of service, he is the oldest secretary-treasurer of a component society of the West Virginia State Medical Association.

E. PANHANDLE HEALTH OFFICER RESIGNS

Dr. Lyle J. Roberts, of Martinsburg, who has served as health officer for District No. 6 (Berkeley, Jefferson and Morgan counties) for the past five years, has tendered his resignation and he and Mrs. Roberts will return to their home town of Omaha, Nebraska. It is possible that he will resume general practice at his new location.

Doctor Roberts is a veteran of both World Wars, having served in the Medical Corps of the Navy continuously since the beginning of World War I until he retired. Upon retirement, he had the rank of Rear Admiral.

At the outbreak of World War II, he was stationed at Manila and was taken captive by the Japanese there on January 2, 1942. He was freed 43 months later, immediately after VJ Day. Doctor Roberts is a member of the Eastern Panhandle Medical Society, the West Virginia State Medical Association and the American Medical Association.

MLB TO MEET APR. 23, 1956

The spring meeting of The Medical Licensing Board will be held at the new State Office Building, in Charleston, April 23, 1956, for the purpose of examining applicants to practice medicine in West Virginia.

NTA ANNUAL MEETING, MAY 20-25

The annual meeting of the National Tuberculosis Association will be held in New York City, May 20-25, 1956.

SCIENTIFIC SESSION OF PEDIATRIC SOCIETY AT CLARKSBURG, MARCH 22

A scientific session of the West Virginia Pediatric Society will be held at the Waldo Hotel in Clarksburg, Thursday afternoon, March 22, 1956. The meeting will be called to order at 1:30 P. M. and the following program presented:

"Neurological Problems of Infancy Amenable to Surgery."—Anthony F. Susen, M. D., Clinical Instructor in Neuro-Surgery, University of Pittsburgh.

"Pathological Bleeding States in Childhood."—Paul C. Gaffney, M. D., Associate Professor of Pediatrics, University of Pittsburgh.

"Bony Lesions Seen in an Pediatrician's Office."—Thomas D. Brower, M. D., Assistant Professor of Orthopedics, University of Pittsburgh.

All interested physicians in West Virginia are invited to attend this one-day meeting, which will be adjourned at 4:30 P. M.

AAP Statement Indorsed

The Society recently went on record as indorsing the following statement of the American Academy of Pediatrics, issued in October 1955:

"In view of the information made available to the committee by the United States Public Health Service and others, which indicates a trend in favor of protection against paralytic poliomyelitis in recipients of poliomyelitis vaccine, in view of recent improvements in production, and in the control and testing of such vaccine, the committee approves the resumption of vaccination against poliomyelitis in the priority age groups established by responsible authorities at state and territorial levels.

"The committee commends the continuing efforts to develop further improvements in poliomyelitis vaccines and their methods of production and control, and the continuation of careful surveillance."

Dr. Thomas G. Potterfield of Charleston, is president of the Society, Dr. Warren D. Leslie of Wheeling, vice president, and Dr. Helen B. Fraser, of Charleston, secretary-treasurer.

The advisory committee is composed of Drs. W. W. Currence, South Charleston, Edward J. Evans, Huntington, Marcus E. Farrell, Clarksburg, and Grover C. Hedrick, Jr., Beckley.

JOIN
and Serve

LEGAL-MEDICAL COMMITTEE STUDYING INTERPROFESSIONAL CODE FOR GROUPS

A joint committee has been named by the West Virginia State Bar and the West Virginia State Medical Association to study the advisability of the development of an "Interprofessional Code" between the two groups.

Former Governor Homer A. Holt, of Charleston, is the chairman of the legal group and the other members are Mr. Amos A. Bolen, of Huntington, Mr. James M. Guiher, of Clarksburg, Mr. R. Glenn Lilly, Charleston, and Mr. Charles A. Tutwiler, of Welch.

The committee from the State Bar Association was named by the president, Mr. William P. Lehman, of Fairmont.

The appointment of the medical members of the joint committee was authorized by the Council at a meeting held in December. Dr. Walter E. Vest, of Huntington, is the chairman, and the other members are Dr. James S. Klumpp, of Huntington, Dr. Sobisca S. Hall, of Clarksburg, Dr. Frank J. Holroyd, of Princeton, and Dr. Russel Kessel of Charleston.

The medical representatives of this committee are all past presidents of the West Virginia State Medical Association.

In naming the legal representatives of the committee which will make the joint study, Mr. Lehman said that the object and purpose of an "Interprofessional Code" would be to foster a better understanding of problems existing between physicians and attorneys with reference to medical testimony and related matters.

AM. BD. OB. AND GYN. EXAMINATIONS

The next scheduled examinations (Part II), oral and clinical, of the American Board of Obstetrics and Gynecology will be conducted at the Edgewater Beach Hotel, in Chicago, May 11-20, 1956. The entire Board will be present.

Formal notice of the exact time of each candidate's examination will be sent to him in advance of the examination date.

Candidates who participated in the Part I examinations will be notified of their eligibility for the Part II examinations.

SUBSTITUTION OF AMA PUBLICATION FOR JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Opthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

DOCTOR GREENELTCH NEW COUNCIL MEMBER

Dr. D. E. Greeneltch of Wheeling has been named a member of the Council of the West Virginia State Medical Association to succeed Dr. R. Alan Fawcett, also of Wheeling, who resigned on account of pressure of professional duties.

Doctor Fawcett, former president and secretary of the Ohio County Medical Society, has been a member of the Council since 1953.

Doctor Greeneltch, whose specialty is anesthesiology, has practiced in Wheeling since 1941. A native of Barnesville, Ohio, he received his academic education at Ohio State University and graduated from the University of Louisville School of Medicine in 1935.

He is certified by the American Board of Anesthesiology, and has served as president, vice president and secretary of the Ohio County Medical Society.

1956 EASTER SEAL CAMPAIGN

Easter Seals will go into more than 33 million homes during the 1956 Easter Seal campaign which will open Saturday, March 10, and continue through Saturday, April 10.

Millions of appeal letters and sheets of brightly colored Easter Seals will be sent through the mails throughout the campaign. These Seals, which have become an Easter tradition, finance hundreds of direct services to crippled children and adults in each of the 48 states, District of Columbia, Alaska, Hawaii and Puerto Rico.

More than 90 per cent of the funds contributed during the annual Easter Seal campaign remain in the area collected for local services to the crippled. The remainder helps support a nationwide program of education, direct services and research including the Easter Seal Research Foundation.

MEDICAL CENTER PROGRESS REPORT

This brief progress report on the construction of the new Medical Center at Morgantown concerns primarily the Mechanical Plant and Basic Sciences Building.

The Mechanical Plant was actually completed some months ago but was in a stand-by condition until December when it was placed in operation for the purpose of providing heat for interior work in the Basic Sciences Building which is being carried on through the winter months.

All of the exterior brick work and roofing have been completed on the Basic Sciences Building. With the protection provided by covering the windows with temporary plastic screening, and with heat available from the Mechanical Plant, interior work such as plumbing, heating, ventilating and room partitioning can be continued throughout the winter and early spring months.

All construction phases are on schedule with the most noticeable progress being made in room partitioning. To date, approximately one-third of the room partitions are in place.

Due to the fact that the limestone base and initial black-top coating for the medical center roads and parking lots were completed last fall it has been possible to maintain truck and car traffic continuously through the winter months.

The West Virginia Medical Journal

April 1956 Vol. 52, No. 4

A Community and Its Health Center*

Leonard A. Scheele, M. D.

I am proud to share this occasion with the citizens of Huntington, of all Cabell County, and your distinguished guests. I have been thinking of your hopes, your plans, and the long hard work you have devoted to the construction of your splendid new Health Center. Quite fittingly, the dedication is a moment for satisfaction, for a sense of accomplishment, and for felicitations all around. Let me add my own congratulations and express my conviction that the new Cabell-Huntington Health Center will be the scene of great accomplishments in community health.

The Center represents far more than the steel and concrete of which it is built, and far more than the costs of its construction. Even as we admire the achievement of the architects, the builders, and others who had a hand in the job, we look ahead to the future when the building itself will become less important than the services flowing from it.

When we speak of community health services today we are thinking of a different order of activities from those formerly performed by a state or local health department alone. We are thinking of all the services that official and voluntary agencies, working together with doctors in the area, can render for the benefit of the whole community. This new concept of community health services actually has been built into your new Health Center and into the plans for its operation. It will be headquarters for your city-county health department and headquarters for all the voluntary health agencies which serve this area.

*Presented at the Dedication Ceremonies of the Cabell-Huntington Health Center, Huntington, West Virginia, December 14, 1955.

The Author

- Leonard A. Scheele, M. D., Surgean General, United States Public Health Service, Department of Health, Education and Welfare, Washington, D. C.

COMMUNITY HEALTH SERVICES

I would like to take a few minutes to tell you something about the kinds of services involved in modern community health work, their purposes, and the benefits they can confer. I have no detailed information on the specific programs in Huntington and Cabell County, so I shall try to describe blocks of service into which any number of programs may be fitted.

The first big block of health services which every modern community must have in order to survive is environmental sanitation. Some of the earliest scientific discoveries in public health proved that specific environmental sources spread certain of the most devastating diseases. From these discoveries came safe water supplies, proper sewage disposal, milk and food sanitation, pest control and other environmental services.

If your sanitation facilities and services were abandoned or destroyed, your health officer and the Cabell County Medical Society soon would be telephoning Doctor Dyer, your state health officer, or perhaps Governor Marland, for help. For within a very short time, your local physicians and hospitals would be swamped with cases of typhoid fever, dysentery, "food poisoning" and, perhaps, even with outbreaks of other dangerous diseases spread by insects and rodents, or stemming from other insanitary sources.

Someone recently said that he had just returned from a trip abroad and that everyone in the party had had one or more gastro-intestinal upsets. That happens here so seldom that we take our environmental sanitation for granted. If we don't stay vigilant it can happen more often. Recently, more than 175 cases of paratyphoid fever occurred in a Pennsylvania city.

ENVIRONMENTAL HEALTH SERVICES

That most of these diseases occur rarely in our country is largely the result of environmental health services by our state and local health departments. The purpose of these important services is to eliminate sources of infection, and so prevent the occurrence of some diseases.

Environmental health services are our watchdogs against many diseases which are already under control. At the same time, they must be on the lookout for new environmental hazards. Air pollution, for example, is one of the important new problems that have come with our greatly expanded industries; so also is the pollution of streams with industrial and household wastes. Again, we shall need environmental health services to avert the potential hazards of radioactive materials as our electric power and industrial capacity are increased through the peacetime uses of atomic energy.

Health statistics is another important service that the modern community must maintain. Accurate birth, death and sickness records are indispensable to the community, the state and the nation. Your physicians need accurate information on the presence of diseases and the trends in death rates in your community. Your health agencies need it in order to plan their programs. Individuals themselves need certain records, including proof of citizenship and birth and death certificates for use in connection with insurance policies.

Studies of a fact-finding nature on community health cover a wider range of problems today than they did 50 years ago when our main concern was the control of communicable diseases. We must continue to be good bookkeepers on the occurrence of communicable diseases. But the main concern now is to determine the size and nature of our chronic disease problems.

CHRONIC ILLNESS SURVEY

Health statistics can provide this information, but a chronic illness survey is more complicated than the reporting and tabulation of cases of communicable disease. It requires teamwork, with many official and voluntary agencies, hospitals and institutions, professional societies and private physicians working together.

The Association of State and Territorial Health Officers, at its annual meeting in Washington last month, recommended that health departments take the leadership in their states and communities to promote such surveys, in cooperation with voluntary agencies, hospitals, other institutions, and the medical profession. The purpose would be to "appraise the needs for caring for the chronically ill, determine the total resources available, identify gaps" and promote the development of such facilities and services as are needed.

Communities need the kinds of information such surveys provide, for the problem of chronic illness exists in every community. In so far as community health services are concerned, chronic illness presents different kinds of needs from those of the acute communicable diseases.

Let us imagine an outbreak of diphtheria occurring in one of the public schools in a city about the size of Huntington. The attending physicians and the school authorities would report the outbreak to the health department. The health department might provide the physicians with antitoxin to treat the sick children and with diphtheria toxoid to immunize healthy persons who needed this protection. Other vaccine would be obtained through usual commercial channels. The schools and the health department would round up children of all ages who had not been immunized or who needed "booster" shots, and see to it that they received the vaccine either in school clinics or in physicians' offices.

TEAMWORK NECESSARY

With prompt reporting and good teamwork on the part of physicians, teachers, public health nurses and parents the diphtheria outbreak would be stopped almost immediately. Certainly there would be very few cases; the disease would not be allowed to spread.

Acute illnesses run their courses rather quickly and the average patient needs very few community health services. He may need one most important community facility, the hospital, if his physician believes he can be cared for more efficiently there. But on the average, the patient with acute illness can be cared for at home or in the physician's office with relatively little disruption of his life, or his family's, or the community's life.

The situation of the chronically ill person is vastly different. In the acute stages of his illness, he may need care in a general hospital so that his physician will have at hand all the equip-

ment and auxiliary skills which modern medical care offers. But in convalescence and in the years ahead, the long term patient may need many different kinds of service outside the general hospital.

RHEUMATIC FEVER CLINICS

What about children with rheumatic fever and rheumatic heart disease, for example? What kinds of community health service do these children need? More than 600 communities have answered that question by setting up rheumatic fever clinics sponsored by private and public health agencies.

Through the clinic (and it might be located in a health center like the one you have dedicated today in Huntington) many agencies and individuals join hands to help the rheumatic child, his family and his personal physician. Everybody's aim is to prevent the serious consequences of rheumatic heart disease and to help the rheumatic child grow into an active healthy adult. His personal physician can provide the necessary medical care and supervision, but the patient and his family may need help in carrying out the physician's recommendations.

These clinics provide diagnostic consultation services for the physicians; nursing follow-up helps keep the patient on the treatment schedule prescribed by the physician. If a special diet is recommended, the nutritionist can help the mother with advice on the selection, preparation and serving of recommended foods.

The schools and the clinic join in arranging the child's school program in line with the physician's recommendations. If necessary, visiting teachers help the child continue his education at the pace recommended by the physician. The parents and the child also can obtain mental health counseling, often necessary if the family is to maintain a good balance between the undesirable extremes of overprotection and total disregard of medical advice.

Older long term patients also need a wide variety of community facilities and services. Frequently, a long term patient can be cared for in his own home more satisfactorily than in a hospital or other institution. The patient's personal physician, however, will want to be sure that the essential supporting services are available.

COMMUNITY CARE PROGRAM

Here is where a community health organization comes into its own. A community home care program can make available to the family and the physician such services as bedside nursing, physical therapy, housekeeping and other services. A community center to refer physicians and families to appropriate facilities and supporting service programs is extremely valuable.

The idea behind these new types of community health service is sound, medically and economically. It is unnecessary as well as impractical for the average long term patient to purchase full-time home care services of this sort over long periods. A well trained group of nurses, physical therapists, and other aides can serve a large number of patients to the extent needed by each patient, and when needed, on a part time basis. There would be enough patients to keep the group fully employed.

These new types of community health services are not necessarily rendered free of charge. On the contrary, it has long been the practice of visiting nurse associations to charge moderate fees. In the case of indigent patients, the costs may be borne by a voluntary or official agency but when the patient and his family are able to do so, they should pay for the services.

For example, in 1953, the San Francisco Chronic Illness Service Center found that more than 50 per cent of its patients were able to pay the prevailing rates for nursing home care, visiting nursing, housekeeper services, and the like. Only 4 per cent could pay nothing. The vital problem is to make sure that services are available and that there is one particular place in the community to which patients or their families may turn to obtain these essential supporting services.

So many communities are discovering the value of these modern health services for the chronically ill and the aged that some states are making it possible for local health departments to provide them. For example, Minnesota's state legislature is considering a bill that would permit local health departments to provide and to charge a fee for bedside nursing in the home, under the supervision of public health nurses, in areas in which no voluntary association is operating such services.

EARLY DETECTION OF CHRONIC DISEASE

Another important type of community health service is coming to the fore, and that is the early detection of chronic disease. Thus, persons unaware of their illness may be located and referred to their personal physicians for diagnosis and treatment. Official and voluntary health agencies have demonstrated their ability to conduct such programs in tuberculosis control. Recently developed techniques are now making it possible

to detect such chronic diseases as diabetes, heart disease and certain types of cancer in the early stages when treatment is most effective.

In cooperation with community rehabilitation programs, several community health services are conducting evaluation clinics for heart disease patients. The purpose of these clinics is to determine the amount and kinds of work that the individual patient can do without harm to himself. Such evaluations require specialized knowledge of the demands of many different kinds of jobs, as well as special equipment to determine the patient's capacity to do them. Physicians who refer their heart patients to such clinics are given a complete report on the findings in each case, and thus are better able to advise the patient with respect to his future occupation.

RECENT MEDICAL ADVANCES

Underlying all of these new types of community health service are the advances in medical and public health science, based upon our expanding nationwide medical research programs. Major advances are being made in many fields in which progress in the past has been slow.

The Salk vaccine against paralytic poliomyelitis is a recent example of what can be done when medical research concentrates on a specific objective. Results to date indicate that among children vaccinated in the spring and summer of this year, there were from 67 to 90 per cent fewer cases of paralytic polio than among unvaccinated children of the same ages. There is a distinct possibility that we can dramatically reduce paralytic poliomyelitis next year if as many children as possible are vaccinated before the 1956 polio season begins next spring.

Another recent medical advance is the use of tranquilizing drugs in the treatment of selected mental patients. Progress here increases the possibility of easing somewhat the burden on the community of providing prolonged care in mental institutions for certain classes of patients. With these drugs, some patients can be restored to their homes and communities under the supervision of their personal physicians.

The use of isoniazid in the treatment of tuberculosis is making it possible for many patients to be cared for at home rather than in the hospital. We even have strong hopes that isoniazid will prevent the occurrence of tuberculous meningitis and other complications in children newly infected with the tubercle bacillus.

All age groups have benefited from medical advances during the past 15 years. Children and young adults have benefited the most, but these benefits will be reflected in better health for older persons of the future. Greater effectiveness in the early detection, diagnosis and treatment of many chronic diseases which affect primarily the middle aged and the elderly is certain to be forthcoming in the next few years.

A community health center such as you are dedicating today in Huntington has an important part to play in the application of the findings of medical and public health research. The modern health center is an integral and vital part of a community's total health resources. The health department and the voluntary agencies housed here will be active members of a team that includes individual physicians, medical societies and hospitals.

In the years ahead, community health services will continue to hold the line against communicable diseases now under control. They will have new weapons with which to combat infections at present not under control. They will learn more about the potential hazards of our contemporary environment, and will be able to protect the community from such hazards. They will be more and more concerned with making available the wide variety of services needed by the chronically ill and the aged. There will be more emphasis on the prevention of accidents in the home, in public places, and on the highway. Much greater attention will be given to mental health.

INTEREST IN HEALTH SERVICES

These major health problems of the modern community present all health workers with great opportunities. Never before have so many American citizens been so eager to improve and support their community health services. This new center in Huntington is a striking testimony to this widespread citizen interest.

The goal of better health for the whole community is one that all men and women can strive for with enthusiasm and devotion. To the achivement of that goal, the new Huntington-Cabell County Health Center stands dedicated. It is dedicated to bringing the best possible health services to the people of this large and thriving community. In a broader sense, the Health Center is dedicated also to the nation's health progress, for we are a country of united communities.

The staffs of the numerous agencies housed in your Health Center will always be alert to the particular needs of this community. They will strive for the closest possible cooperation with

your physicians and hospitals, and with other organizations in your state and nation that are concerned with the physical and mental health of the American people. In fact, you have done a wonderful thing in that you have built your new Health Center and Huntington Hospital adjacent to each other. You must also be sure that you provide adequate financing for the health department's work. If you do, it will pay real dividends.

PHYSICIANS DESERVE CREDIT

I sometimes think that we doctors are too modest and that medicine doesn't take enough credit for itself. If we were businessmen we would draw balance sheets and look at profits and losses. In medicine we could show many profits. Take, for example, the widespread use of the sulfonamides, penicillin and other antibiotics in the treatment of pneumonia, since 1938. More than a million lives have been saved through the use of such drugs in the treatment of this disease alone. These lives would have been lost if we had had to treat these patients as we were doing in the 1920's and before.

Now, on the balances, think what those people mean as an asset. Think of the happiness created by their being alive. Think of what they mean to their families. In greater working manpower and in earning and purchasing power, they are truly an asset to the nation.

The Public Health Service is proud to have had a small share in the realization of your plans for this community health center, through our hospital and medical facilities construction program. In the achievement of this goal, the citizens of this community have demonstrated the American ideals of local initiative and nationwide cooperation. I am proud to be with you and to wish this community the good health it is certain to enjoy through the expanded services made possible by its new health center.

Decline in Tuberculosis Mortality

During the seven years from 1947 to 1953 the most rapid decline in tuberculosis mortality the world has ever seen has taken place.

In fifteen countries and the Commonwealth of Puerto Rico for which both mortality and morbidity reports are available, the fall in the death rate has ranged from 53 per cent in France to 83 per cent in Iceland.

Morbidity reports show a lesser rate of reduction, the case rate being now 20 per cent lower in five of the fifteen countries and one commonwealth referred to above; but, there is record of an actual increase during the period under consideration having occurred in Eire; perhaps, also, in Australia.

The acceleration lately in the fall of the tuberculosis death rate is due primarily to improvement in the treatment of the disease because of the availability of antimicrobial drugs, such as streptomycin, para-aminosalicylic acid, and isoniazid, along with more successful surgery.

The ultimate measure of progress against tuberculosis should be the absence of infection. Tuberculin tests in various parts of the world show that boys and girls at age fifteen still react positively from 12 per cent at Lebanon or 18 per cent in rural Eire to 85 per cent in Polish cities. In 1954, among some 150,000 recruits in the United States Navy and Marine Corps, 95 per cent reacted negatively to the tuberculin test.

Finally, because of the sharpness in the decline of tuberculosis mortality, it would be unwarranted to conclude that tuberculosis is no more a major health problem. Taking only the United States, the British Isles, France, and Germany in 1953 alone, 340,416 new cases of tuberculosis were reported. If in addition to these cases, account be taken of old and previously known cases (conservatively estimated at three times the new cases), it can readily be seen that in just these four countries there were, that year, more than one million known cases of active tuberculosis.—Godias Drolet and Anthony M. Lowell in American Review of Tuberculosis and Pulmonary Diseases.

Chronic Occlusive Disease of the Terminal Aorta Leriche Syndrome

(Case Report)

Max Koenigsberg, M. D.

THE PURPOSE of this paper is to present a case of chronic thrombotic obliteration of the aortic bifurcation, with its management and surgical treatment, and to discuss some of the more recent literature dealing with this clinical entity.

In an editorial summarizing some of the recent thought on this disease the writer[1] states: "Thrombosis of the bifurcation of the abdominal aorta has been recognized as a distinct anatomicopathological entity for a long time, indeed, since the middle of the last century. However, it is only recently that the distinguished French surgeon, Leriche, in whose honor the syndrome is named, has given thrombosis of the bifurcation of the aorta the clinical significance it actually deserves."

Leriche, in 1940, in reporting some of his cases, stated: "Thrombosis due to arteritis of the terminal segment of the aorta above the level of the inferior mesenteric artery is less rare than is generally assumed, but it is not diagnosed and even less often operated upon." He had operated in five cases in which the correct diagnosis had been made preoperatively and, at the time of the operation, confirmed either by sight or by touch. The obliteration produced by thrombosis of the aorta and of the iliac arteries manifests itself gradually.

Leriche emphasized that this gradual obliteration produces a characteristic syndrome which comprises five elements: impossibility of a firm erection, extreme fatigability of the lower extremities, global atrophy of the lower limbs, ivory pallor on elevation of the lower extremities, disappearance of the pulse and oscillations at the level of the legs and thighs. He stated that this progressive thrombosis of the aorta and the iliac arteries may lead to grave ischemic phenomena of the lower extremities with gangrene resulting from the secondary peripheral obliterations.

It has been noted by Shapiro[2] in discussing the etiology and pathology of the Leriche syndrome, that, "Complete occlusion of the terminal abdominal aorta may occur by thrombosis in sites associated with (1) ulcerated atherosclerotic plaque, (2) arteritis of the abdominal aorta, (3) dissecting aneurysm of the aorta and (4) congenital narrowing or extrinsic pressure, with narrowing of the aorta. The latter two etiologic factors may lead to secondary thrombotic involvement, but the Leriche syndrome is concerned with primary thrombotic involvement of the terminal aortic region.

Two views are currently held, the one (favored by Leriche), that it is an inflammatory lesion, a true arteritis, and the other, that the condition arises principally on the basis of atherosclerosis.

The microscopic findings do not have the features of a specific pathology. They may represent an inflammatory response to the formation of a thrombus on an ulcerated atheromatous plaque, or they may be indicative of arteritis.

The final decision as to the etiology should be left open pending the collection of additional evidence.

The thrombus often begins in one of the common iliac arteries. The lesion extends upward, reaching the terminal aorta, and the opposite common iliac artery then becomes involved. Whatever the mode of origin, the thrombosis finally obliterates the terminal aorta and both common iliac arteries and their branches, which become hard and cord-like. The thrombosis continues both upward and downward. The inferior mesenteric artery is not uncommonly involved and sometimes the terminal picture is due to involvement of the renal artery orifices.

In a more recent review of chronic occlusive disease of the terminal aorta and its treatment,[3] the observers felt that arteriosclerosis is the cause

The Author

• Max Koenigsberg, M. D., Charleston, W. Va.

with hypercholesterolemia being present in some cases. They noted also that atheromatous formation in the wall of the aorta and in the arteries distal to the aorta usually is found. In the case they present, treatment consisted of bilateral lumbar sympathectomy with thrombo-endarterectomy; resection of the diseased area and the use of a preserved aorta homograft was not necessary as adequate pulsations were present in the aorta and iliac vessels before the patient left the operating table.

DIFFERENTIAL DIAGNOSIS

The important clinical findings are summarized above but it should be stressed that a high index of suspicion is most important. In the differential diagnosis one must consider Buerger's disease, arteriosclerosis obliterans and saddle embolus. Briefly it can be stated that in Buerger's disease one usually is able to palpate the femoral and, very often, even the tibial pulses, and the onset in this condition usually is unilateral rather than bilateral, as in the Leriche syndrome. Moreover the weakness present in Leriche's disease is not quite characteristic of Buerger's disease, nor is the sexual impairment.

As for atherosclerosis, the patients with this condition usually are much older than those with Leriche's disease; there are other vessels which usually show evidence of arteriosclerosis somewhere in the body and although the pulses may be diminished in the dorsalis pedis and the tibial pulses, they usually are well felt in the femoral arteries but not found in the cases of Leriche's disease. Of course, saddle embolus always is sudden and most likely fatal. It does not have the insidious and chronic course of the disease under discussion. Finally, other clinical conditions to be considered are pernicious anemia, coarctation of the aorta and scleroderma.

As a further diagnostic aid, aortography is of distinct value. Moreover, roentgenologists feel that in the hands of properly trained and equipped persons the procedure is harmless. Certainly it furnishes excellent objective evidence, not only confirming the diagnosis but also affording a good view as to the degree and sites of thrombosis. This knowledge is of considerable importance to the surgeon in deciding on the proper operative procedure. It should be noted that Melick and Vitt,[4] who reviewed the entire literature to 1948, could not find a single fatality as a result of aortography in 3,000 cases.

In reviewing the rather scant literature on the subject of the Leriche syndrome, one soon realizes that due to the chronic nature of the disease the prognosis would depend almost entirely upon the type of collateral circulation that had been established. The usual mode of exodus in these cases is that due to either involvement of the renal arteries with thrombosis and uremia, or gangrene of the extremities, or coronary occlusion.

In most of the literature it is mentioned that the ideal treatment would be to resect the diseased area and restore the circulation by the use of an arterial graft. Until recently the operative technique has been such as to preclude the use of the arterial graft because of the grave risk involved. It can be seen readily that complete resection would not only remove the thrombosed vessels and thereby prevent further clot formation but would diminish the area of irritation which is believed to be the site of origin of the arterial spasm. However, in view of the many technical difficulties involved in resecting the aorta and inserting an arteriograft, the treatment in most cases in the past has been bilateral sympathectomy and sometimes ligation of the aorta just above the thrombosis in order to stimulate collateral circulation.

CASE REPORT

M. C., a 47-year-old white male, was admitted to the Charleston General Hospital 11-28-51 and discharged 12-12-51. The chief complaint was pain and numbness in both legs, and also impotence. The history given was that the patient felt quite well until approximately seven months prior to admission, at which time he first noticed numbness in his right foot and ankle which progressed gradually to include the entire right leg and part of the left leg. The pain was distinctly of the intermittent claudication type so that the patient could walk scarcely one-half block without sitting down to rest. Usually the pain would be relieved when he stopped walking. He had become sexually impotent for the past several months, and vague bladder symptoms had been present for the past two months. He had not lost control of his bladder nor of his rectum. The remainder of the history was noncontributory. He had been a heavy smoker for approximately 25 years, consuming two to three packages of cigarettes daily. The family history was noncontributory and the patient's past history was not significant.

Physical examination revealed a thin, white male. Temperature 97.4 F. Pulse 84. Respiration 20. Blood pressure 150/90. There was no acute distress, but he appeared chronically ill. The physical findings were not significant except for

those noted on examination of his lower extremities. The upper extremities apparently were normal; the blood vessels did not appear particularly tortuous, nor hard on palpation. On examining the lower extremities, there was a questionable faintly palpable femoral pulsation bilaterally but this could not be felt by all of the examiners. No palpable pulsations of any of the arteries could be felt below the femoral. The legs were cold and had a distinct dependent rubor. Neurologically, there was diminished superficial pain sensation; light touch was absent but position sense was normal. Hot and cold sensations were maintained. The rectum was negative.

Further observation convinced the staff members that no arterial pulsations were present below the umbilicus. On 11-29-51, a resident (Doctor Trope), noted that in this case there were the rather typical story and objective findings of Leriche's syndrome, and recorded on the chart that bilateral sympathectomy and, if possible, resection of the common iliac bifurcation was considered the treatment of choice in cases of this type. On 12-3-51, with the preoperative diagnosis of thrombosing obstruction of the aorta, bilateral lumbar sympathectomy was performed by Dr. Victor Skaff who reported that the aorta was extremely indurated at the bifurcation. There was narrowing of both iliacs and hypogastric vessels, and numerous atheromatous plaeques. There was marked irritation of the veins around and behind the aorta. After exploration, the left colon was reflected medially, and a left lumbar sympathectomy was done, with the removal of the second and third ganglia. The peritoneum was then closed. The right colon was reflected medially and right sympathectomy was done. The second and third ganglia were removed on this side, also. The incision was then closed without drainage. The postoperative diagnosis was the same as the preoperative.

The patient was readmitted to the hospital 1-14-52 and discharged 1-31-52. Due to the increase of pain in his right leg and foot while walking, complete right sympathectomy and ganglionectomy were done by Doctor Skaff.

The patient was again admitted to the hospital 2-24-52 and discharged 2-27-52. The object of this admission was to secure an aortogram which was done by Dr. Joel Allen and interpreted as follows: "The aorta is not visualized beyond the renal pedicles. There is considerable dilatation of the other abdominal arteries branching from the aorta but there is no visualization of any of the branches of the aorta below the renal pedicles." The patient stated that he had been able to walk greater distances without having as much intermittent claudication but still was unable to have a complete erection. He was readmitted 4-7-52 and discharged 4-18-52. This time he complained of increased intermittent leg pains, which were almost continuous on occasion. On this admission, it was noted for the first time that there was considerable muscle atrophy and that the feet presented marked pallor on elevation and marked dependent rubor. There was no pulsation in the femorals. He was having a great deal of night cramps. He was admitted again 5-14-52 and discharged 5-18-52, with progressive increase of all of the complaints enumerated above. He was given hydergine therapy with questionable minor clinical improvement.

I first saw the patient 8-15-52, at which time he felt that his symptoms had become progressively worse. He was unable to walk as great a distance as previously, and was hospitalized for medical therapy consisting of Buerger's exercises and injections of hydergine and depropranex. He was not permitted to smoke.. He was discharged two weeks later on depropranex, 4 cc's three times weekly.

This patient has been seen at irregular intervals since Sept. 1952. Meanwhile his condition grew progressively worse, to the point where he was beginning to show marked nutritional changes in his toes; also, atrophy of the calves of his legs and the muscles of his thighs, with intermittent claudication on the slightest amount of walking were noted. Therefore, on 2-8-54, he was referred to Doctor Hufnagel of the Georgetown University Medical Center. After a medical study, an operation was performed 2-15-54. The following is a quotation from Doctor Hufnagel's letter: "At operation it was found that the aorta was thrombosed from the level of the renal arteries to the bifurcation of the common iliac arteries. There was dense inflammatory response around the aorta and common iliac vessels. The aorta was mobilized from the surrounding structures. The inferior mesenteric artery was ligated at its base where it was thrombosed. The aorta and common iliac arteries were then resected and a freeze-dried graft was anastomosed from a level ½ cm. below the renal artery to the iliac vessels. Following this there was a return of his femoral pulses bilaterally and a loss of the pain in his leg which had been present before operation.

"At the time of his discharge he was able to walk comfortably for distances which previously had been impossible. Prior to his discharge he had no pain even though he was up most of the day. He was discharged improved, with a diagnosis of arteriosclerotic occlusion of the abdominal aorta and both common iliac arteries. The

operation was resection and grafting of the abdominal aorta and common iliac arteries."

The pathologic report on the specimen was as follows: "Specimen consists of aortic bifurcation, including 6 cm. of aorta and 5 cm. of each common iliac artery. The proximal portion of aorta is occluded with a greyish thrombus densely adherent to the vessel wall. The vessel wall measures .4 cm. in thickness. The midportion of the aortic specimen is highly calcified. The iliac arteries also are calcified and filled with similar clot.

Microscopic examination shows some leucocytes in nodular arrangement close to the intimal layer. There is marked thickening of the intima which is fibrohyaline in type and shows atheromatous ulceration. A section of the clotted vessel shows old atherosclerotic plaqueing, organizing clot and areas of calcification."

The author expresses his thanks to Dr. William H. Riheldaffer, Regional Director, United Mine Workers Welfare Fund, for his cooperation in making the arrangements for the surgery reported in this paper.

SUMMARY

An attempt has been made to review Leriche's syndrome which is believed to be of greater frequency than the scant literature would indicate. Its etiology, pathologic findings, diagnostic criteria, and the value of abdominal aortography in its management have been noted. A case in which treatment consisted of resection of the thrombosed aorta and iliac arteries and anastomosis of a freeze-dried graft is presented.

REFERENCES

1. Editorial: The Leriche Syndrome: Am. J. Roentgenol. 64:496 (Sept.) 1950.
2. Shapiro, D: The Leriche Syndrome: Am. J. Roentgenol. 67:891-904, 1952.
3. Giberson, Waugh, Hines and Falconer: Chronic Occlusive Disease of the Terminal Aorta and its Surgical Treatment, Proc. Staff Meet. Mayo Clinic 29:137 (March 10) 1954.
4. Melick and Vitt: Present Status of Aortography: J. Urol. 60:321-334, 1948.

Rushing into Print

Much of the detail published in a research paper is of limited interest and value. Men of Science might well consider publishing only the main points of their research and filing the rest for possible reference.

It was the late Lord Rutherford who once said that when writing a letter to *Nature* if you cannot say all that is really necessary in 500 words or less, then something is wrong. If every scientist throughout the world believed this and took it to heart, then I can visualize even *Nature* having no time-lag in publication at all.

It is significant that, though *Nature* frequently returns a communication to an author with a request that it be reduced to two-thirds or one-half of its present length, I can recall only two or three instances in the whole of my more than a quarter of a century connection with *Nature* of an author replying that he could not cut his communication.

I rather imagine it would be a good idea if every communication submitted were returned without even being read by the editor, with a covering note asking (i) Are you sure you have said what you want to say? (ii) Have you said it in the minimum number of words? (iii) It is worth saying at all?

Too many scientists, especially younger ones, seem to assume that the value of a scientific paper varies directly as its length. I would strongly urge that men of science thoroughly train themselves to hold their lips tight and their pens dry until they know the facts or are sure of what they wish to say.—L. J. F. Brimble, Nature (London), as quoted in Science.

A Biochemical Consideration of Schizophrenia

R. F. Krause, M. D., Ph. D.

SCHIZOPHRENIA is the most common psychotic disorder comprising approximately 20 per cent of admissions to state hospitals during the year 1936. Clinical observers and biochemical investigators have sought diligently to solve the mystery that cloaks this disease, but with meager success.

Biochemical analysis of brain tissue has failed to show any significant difference between the brain afflicted with this disease and the normal brain. Such findings as low neutral sulfur and iron content of schizophrenic brains shed little light on the biochemical nature of the disease.

McFarland and Goldstein[1] carefully reviewed work done to determine if the concentration of various blood constituents in schizophrenia were different from normal. Their reports indicate that no significant difference exists in the concentration of such substances as glucose, chloride, bicarbonate, nitrogenous compounds, or in pH. It has been reported, however, that the concentration of blood constituents does show a wider intra-individual and inter-individual variation than do normals. No satisfactory explanation exists for these findings.

No clear-cut evidence is at hand to indicate that there is any alteration in either the carbohydrate or the lipid metabolism of the brains of schizophrenic patients as reflected by either changes in blood concentration of these substances or their metabolites. It may be that changes do occur but the blood-brain barrier masks their effects.

In studying cerebral blood flow, oxygen uptake, carbon dioxide content and respiratory quotient in schizophrenic and normal persons, Ketz and others[2] were unable to see any significant difference between these two groups.

The possibility that endocrine malfunction or imbalance might be a causative agent in this disease has been proposed by various workers. Studies by Hoskins and Pincus[3] on estrogen and androgen excretion show little difference between normal and schizophrenic persons. Pincus and his co-workers[4] compared the pituitary-adrenocortical functions in normal and schizophrenic men by applying different forms of stress and hormone administration. An analysis of the results affords no significant difference between the groups.

The Author

- R. F. Krause, M. D., Ph. D., Professor and Head, Department of Biochemistry, West Virginia University School of Medicine, Morgantown, W. Va.

Since the above procedures and techniques have yielded little valuable biochemical information regarding this disease, a new approach to the problem has been tried, namely, the use of antimetabolites.

This type of biochemical investigation has been employed successfully in studying drug action, biological role of vitamins, carbohydrate, protein and fat metabolism and cancer therapy. Generally speaking, the procedure consists in administering a compound that is similar chemically to the one under study and determining if it blocks or affects normal metabolic processes.

For centuries it has been appreciated that eating bread from fungus infected grain (ergot alkaloids) would affect the brain and cause personality and mood changes that would drive whole populaces mad. Approximately ten years ago, Huffman[5], working with a salt of d-lysergic acid (one of the active principles of ergot) noted that he experienced "a not unpleasant state of drunkenness characterized by an extremely stimulating fancy" associated with an intense kaleidoscopic play of colors. On the following day he repeated the experience by ingesting 250 micrograms of this material by mouth and experienced even more marked symptoms than previously.

This compound, commonly called LSD_{25}, has been extensively studied in hallucinating and depersonalizing effects on normal and psychotic patients in hopes of trying to understand the basic alterations that take place in the schizophrenic. Mescaline, a naturally occurring organic compound in India, also produces symptoms that are similar to those of LSD_{25}.[6]

The value of these drugs lies in the fact that the subject has not lost contact with reality and

is able to describe in detail the symptoms he experiences while under their influence. The amount required to produce an effect is similar in magnitude to that of hormones and enzymes, namely, mu per unit of body weight. It is interesting to note that the body soon develops a tolerance to these substances and, hence, much larger doses are required to be effective. This would indicate that these are not the active substances concerned with the biological production of schizophrenia.

In studying the chemical structure of these two compounds, one is impressed by the fact that both of their structures are composed of an indole or an indole-like ring. It has been postulated that perhaps this is the active group. Rinkel and fellow workers[7], in observing the reactions of these compounds, feel that in some way they exert their effect by interfering with an enzyme system perhaps related to epinephrine metabolism. Supportive evidence for this thesis is supplied by the investigations of Witt[8] who demonstrated that when LSD_{25} was fed to spiders, although their web was more accurately made, it was much thinner than normal. Since epinephrine is thought to be an active ingredient of the spider's web, it is possible that LSD_{25} may exhaust the spider's supply of epinephrine.

Further supportive evidence has been gained from the observation that deteriorated epinephrine (a pink solution), when administered to patients, may, at times, produce schizophrenic-like symptoms[9]. It has been shown that among the oxidation products of epinephrine are adrenochrome, the structure of which has been established as having an indole nucleus, and adrenoxine, in which the structure has not been established. It has been demonstrated that the injection of adrenochrome does produce electroencephalographic changes in human subjects and, in some cases, hallucinations[10].

A second biochemical association between the indole nucleus and compounds that produce mental derangements is their relation to the metabolic products from the amino acid tryptophane. One of the oxidation, decarboxylation products of this compound is 5-hydroxytryptamine, commonly called serotonin.

This compound, a normal vasoconstrictor constituent of blood platalets, is found also in brain tissue and has been isolated as the hormone of enterochromaffin cells[11]. An excellent review of the physiologic and pharmacologic properties of this substance has been prepared by Page[12]. It has been noticed that this compound acts on two different kinds of receptors, namely, smooth muscle and nerve ganglion. LSD_{25} inhibits the former action but not the latter. Mescaline, which does not contain an indole nucleus but, rather, a similar ring structure, does not inhibit serotonin. It appears therefore that mescaline is not chemically sufficiently similar to serotonin to block its action.

It has been suggested by Woolley and Shaw[13] that since LSD_{25} blocks the action of serotonin on smooth muscle, perhaps the mental illness in schizophrenia is due to a deficiency of serotonin in the brain.

This theory has been challenged by a group of army chemical center workers[14] who have noticed that LSD_{25}, mescaline, adrenochrome and amphetamine, all of which will produce hallucinations, exercise a synaptic inhibiting action in the brain of the cat. It is their contention that since there is, perhaps, normally a balance between adrenergic inhibitory and cholinergic stimulatory action in the synaptic pathways of the cerebrum, perhaps there is a derangement of the inhibitory action by these drugs and the net result is a stimulation of the cerebrum.

It is postulated by these workers that perhaps in schizophrenia there is an excess of serotonin rather than a deficiency. In support of this view is a finding that the administration of serotonin to schizophrenics does not help them. This finding would appear to discourage the belief that the schizophrenic has a deficiency of this substance in the tissues of his brain.

A summary of the present state of affairs regarding the biochemical concept of psychosis was presented by a panel representing the American Psychiatric Association of the A. A. A. S. in December 1954[11]. They concluded: "The psychotic state produced by lysergic acid diethylamide was felt to be not identical with that found in schizophrenia, that there were sufficient similarities to suggest a biochemical factor is involved in schizophrenia".

The information cited is, of course, fragmentary much like the pieces of a jigsaw puzzle, but perhaps with additional information we will be able to fit the pieces together and gain a clearer picture of the correlations existing between the biochemistry of the brain and personality and mood factors.*

*Since this paper was written, a new book has been published by Charles C. Thomas, Inc., entitled, *The Chemical Dynamics of Brain and Nerve,* edited by K. A. C. Elliott, Irvine H. Page, and J. H. Quastel.

BIBLIOGRAPHY

1. McFarland, R. A., & Goldstein, H.: Biochemistry of the Psychoneuroses: A Review, Am. J. Psychiat. 93, 1073, 1937.

2. Ketz, S. S., Woodford, R. B., Harmel, M. H., Freyhan, F. A., Appel, K. E., & Schmidt, C. F.: Cerebral Blood Flow and Metabolism in Schizophrenia, Am. J. Psychiat. 104, 765, 1948.
3. Hoskins, R. G., & Pincus, G.: Sex Hormone Relationships in Schizophrenic Men, Psychosom. Med. 11, 102, 1949.
4. Pincus, G., Hoagland, H., Freeman, H., Elmadjian, F., & Romanoff, L. P.: A Study of Pituitary-Adrenocortical Function in Normal and Psychotic Men, Psychosom. Med. 11, 74, 1949.
5. DeShon, H. J.: Rinkel, M. & Solomon, H. C.: Mental Changes Experimentally Produced by L.S.D. (d-lysergic acid diethylamide tartrate), Psychiat. Quart. 26, 33, 1952.
6. Hoch, P. H.: Experimentally Produced Psychoses, Am. J. Psychiat. 107, 607, 1951.
7. Rinkel, M., Hyde, R. W., & Solomon, H. C.: Experimental Psychiatry III. A Chemical Concept of Psychosis, Dis. Nerv. Syst. 15, 259, 1954.
8. Witt, P. N.: d-Lysergsaure-diathylamid (LSD-25) in Spinnen-Test, Experimentia 7, 310, 1951.
9. Hoffer, A., Osmond, H., & Smythies, J.: Schizophrenia: A New Approach, J. Ment. Sc. 100, 29, 1954.
10. Osmond, H.: Inspiration and Method in Schizoprenia Research, Dis. Nerv. Syst. 16, 101, 1955.
11. Erspamer, V., & Asero, B.: Identification of Enteramine, the Specific Hormone of the Enterochromaffin Cell System, as 5-hydroxytryptamine, Nature 169, 800, 1952.
12. Page, I. H.: Serotonin (5-hydroxytryptamine), Physiol. Rev. 34: 563, 1954.
13. Woolley, D. W., & Shaw, E: A Biochemical and Pharmacological Suggestion About Certain Mental Disorders, Science. 119, 587, 1954.
14. Marrazzi, A. S., & Hart, E. R.: Relationship of Hallucino-gens in Adrenergic Cerebral Neurohumors, Science, Neurohumors, 121, 365, 1955.
15. A. A. A. S.: Reports of Sections and Societies, Berkeley Meeting, Science 121, 262, 1955.

Physical Medicine

That medical specialty which deals with the diagnosis and treatment of disease by the use of heat, massage, exercise, electricity, and ultrasound is not an entity into itself, but rather a supplement to other medical disciplines.

The physiatrist employs his knowledge of physical agents and body mechanics in setting up a prescription for treatment or for a testing procedure which is carried out by a qualified therapist, just as a radiologist prescibes the views to be photogaphed and the dosage of x-ray to be administered.

Diagnostic procedures most commonly employed are posture analysis for chronic and acute musculo-skeletal pain, manual muscle testing, electrical stimulation, and electromyography. Results of these procedures are correlated with the history and with other physical findings before a final diagnosis is made.

In most instances, malingering can be detected and objective evidence given. By repeated chronaxie determinations, reinnervation can be predicted; and by measurement of postural faults, a means of minimizing disabilities may be found.

Before prescribing treatment, it should be determined that definite therapy is indicated, for only too often in this field, as in others, credit for success is taken by the physician when actually the natural healing process, time, and normal activities have effected the cure. The patient should be instructed in as extensive a home program as is possible within the limits of safety; results are obtained more quickly, the patient develops a more healthy attitude toward his disability, and his financial burden is less. —Harriett E. Gillette, M. D., in J. Med. Assn. of Georgia.

The Medical Staff and Hospital Administration*

Walter E. Vest, M. D.

Often it is well to begin a discussion by defining the key words of the title. In this discussion today, by the term "medical staff" is meant the organized group of doctors who have the privilege of treating patients in the hospital, and by "hospital administration" is meant the trustees and administrative organization, in other words, the governing body of the institution.

Probably no one will object to the assumption that the prime objective of the hospital is the welfare of the patient and his restoration to health and usefulness as promptly as possible. Assuming the correctness of this premise, it is obvious that mutual loyalty of these groups must be recognized, developed and maintained. Teamwork is an absolute essential, and every individual in each group must understand that the goal of both groups, collectively and individually is the same, i. e., the welfare of the patient.

There must be a recognized community of interest and of responsibility in accomplishing the function of the hospital as an institution in the community it serves. And this combined community function includes more than actual care and treatment of patients. The hospital should be an educational, medical and health center for the entire area it serves.

UNITY OF OBJECTIVE

Smooth and successful operation of a hospital requires recognition of the necessity for teamwork and unity of objective by both staff and hospital. This can be achieved only when each side understands thoroughly the resources, problems and limitations of the other. The administration must know not only the staff requirements but the reasons why these things are necessary for successful treatment of patients. Likewise the staff must know and understand the problems of the administration.

Constant factual knowledge of the finances of the hospital and of each department, of the general overhead, and of cost fluctuation will enable the staff to understand the possibility of increasing or improving facilities, and of the necessity at times for retrenchment. Such liaison is a *sine qua non* and, on the part of the staff, probably is best accomplished by using the Executive Committee as a liaison group with the hospital administration.

The Author

• Walter E. Vest, M. D., Huntington, W. Va.

STAFF MEMBER RECRUITMENT

A responsibility of both administration and staff is the recruitment of staff members. While actual appointment is an administrative function, selection should be approved by the staff before actual appointment is made, and here great care is essential. In general, it is better to make staff appointments on an annual basis, with reappointment each year. Such a mechanism will enable the hospital to weed out undesirables among potential staff appointees.

The hospital owes a duty not only to the staff, but also to the patient and the community, to provide adequate, capable nursing and technical personnel, sufficient equipment, supplies and laboratory facilities to enable the medical staff to function efficiently. Likewise, it owes the patient and the staff buildings and equipment that are safe, comfortable and clean. An especial obligation is to supply sufficient facilities for the study of disease, for acquisition and pooling of knowledge of community diseases and health needs, and to keep statistics with classification of the statistical material as to patients treated, admissions, discharges and accurate and complete diagnoses, so as to reflect completely the morbidity and the mortality of the area it serves.

STAFF RESPONSIBILITIES

When considering the obligations of the staff to the hospital, we would designate as first, an efficient staff organization for the government of its own membership, for expediting patient care, for instruction of the house staff and for the continuing education of its own members. A mechanism should be developed, as a part of

*Presented before the West Virginia Hospital Association, at Huntington, October 14, 1955.

staff organization, for evaluating the professional work of its individual members, especially as to emergency treatments, operative technics and record keeping.

A second staff-to-hospital responsibility is to develop a sense of loyalty to the hospital which might be described as "belonging to," and which should manifest itself by furthering the interests of the hospital in all legitimate ways.

A third group responsibility of the staff is to assume certain definite medical responsibilities such as admissions and discharges, with the best interests of the patient in mind but in such way as to conserve the hospital's finances and resources, and to utilize its facilities judiciously rather than prodigally.

Still another staff responsibility is to organize and conduct a good teaching program for the house staff and to aid in the recruitment of interns and residents; also, each staff member is under definite obligation to discuss with residents and interns the cases of patients on his service which these house staff members may work up as to history, findings, impression or diagnosis, and treatment. Moreover, such instruction of nursing and technical personnel as may be necessary should be undertaken by the staff at the request of the administration.

A grave responsibility of the individual staff member to the hospital, the insurance carrier, and to the community, is to discourage unnecessary hospitalization and prolonged hospital stay. These two abuses of hospital insurance strain the hospital's facilities, prevent those actually ill from securing hospital beds promptly, constitute downright dishonesty toward insurance carriers, and are distinctly a disservice to the community in that they elevate insurance rates for everybody. Some mechanism should be developed within the staff to minimize these abuses. Only the staff can do this; the administration is practically powerless in this regard. Of course, the attending physician should be the judge in the individual instance and, when uncertain, always should give the patient the benefit of the doubt.

PAYMENT FOR INDIGENT CARE

A duty the individual physician owes to the hospital is to keep the admissions office advised as to probable admissions and discharges. This, of course, cannot always be done with certainty, but attempting it lessens greatly the manifold burdens of that office and gains for the physician the appreciation and respect of the admissions personnel.

Another collective and individual obligation of staff members is to endeavor to present to local governing and legislative bodies information as to hospital and medical care needs and to urge upon them and the public generally the necessity of paying for the entire hospital care of indigents from local and state tax funds. It should be made plain that this is a state and local duty and in no sense an obligation of the federal government. My observation has led me to believe that most officials of government are prone to unload on hospitals all of the charity work they can get by with, and to endeavor to secure the service they do pay for at a rate lower than the actual cost to the hospital. Such a mechanism increases the cost to the patient who pays all of his bills and actually constitutes a form of indirect tax on the paying patient, who finds his legitimate hospital bill heavy enough without being "loaded" to pay for what should be community obligations.

MEDICAL RECORDS AND EDUCATION

A collective staff duty, which also is distinctly individual, is to see that medical records are kept properly. The chart is the record of the patient medically and especially during his hospital residence and should be so complete that any doctor of medicine, at any time, could read and know how and why the diagnosis was arrived at, the indications for each therapeutic endeavor, the progress of the patient, and his condition on departure. The house officer's history should be gone over, initialed and, if necessary, amended. Upon discharge, the condition of the patient should be recorded and his chart promptly completed to facilitate the work of the record room personnel. Moreover, it should always be remembered that each patient represents potential litigation and that a poorly completed chart, when introduced in court, is poor evidence of work which in all other respects doubtless was well done.

It should be borne in mind by each individual staff member that the hospital's accreditation depends to a large extent upon records of the patients treated as displayed in the individual chart, and that the completeness of this chart is the responsibility of the attending physician on whose service the patient was admitted.

AUTOPSIES

Certainly one of the best mechanisms for continuing education of the staff is the autopsy. Without it, medical progress would be well nigh hamstrung. Accordingly, in my opinion, it is an obligation of the attending physician to ask for

permission for an autopsy in the case of every patient expiring on his service. It is not enough to ask the house officers to do this. The necessity should be deeply impressed on them, but the wise physician who is always closest to his patient's family can be far more successful in securing permission than a member of the house staff or a nurse.

Since a specified autopsy percentage is a requirement for hospital accreditation and for continuing medical progress, the attending physician, when he believes dissolution impending, should explain to the family the value of a post mortem examination to them as well as to the doctor.

ACCREDITATION

Accreditation is an absolute necessity for the successful operation of a hospital. It is, therefore, an obligation of each individual staff member so to conduct himself and to perform his hospital work that approval by the Joint Commission on Accreditation of Hospitals will be favorably influenced as well as that of other hospital standardizing bodies.

This means much more than satisfactory patient care. It means not only keeping accurate records, but attending and participating in staff meetings and clinicopathological conferences, teaching the house staff (especially on ward rounds), and doing well such committee work as is assigned him. A corollary to this is the necessity for the understanding by each staff member of the aims and requirements of the Accreditation Commission. Whether we doctors like their standards or not, the fact stares us in the face that accreditation depends upon our complying with those standards. Moreover, those of us who have gone into the subject thoroughly feel that the Commission is endeavoring to standardize patient care on the highest possible level with the minimum of stringency upon both staff and hospital.

MUTUAL CONSIDERATION OF PROBLEMS

The dollar sign usually is the line of demarcation between staff and administration rather than any ideologic difference. Neither side should exploit the other, and mutual and sympathetic consideration of all problems affecting both groups should result in agreement and unified action. Hospitals need money in order to afford good service and it obviously is to the physician's advantage for the hospital to be well financed. Recognition of this fact and explanation to the patient by the doctor as to hospital costs and the necessity for such costs often will smooth over difficulties for the business office and expedite hospital collections. This we consider a responsibility of the staff both collectively and individually.

ECONOMIC STUMBLING BLOCKS

The three economic stumbling blocks between staff and administration are anesthesia, pathology and radiology, and there is no legitimate reason why there should be differences of opinion in either area. It must be remembered that a hospital is a special type of hotel caring only for sick guests and must, in the nature of things, maintain certain technical facilities to expedite recovery of its patient-guests. Likewise, professional services can be legally rendered only by a qualified individual who has been examined by the state and granted by the state a franchise evidenced by a certificate of licensure which franchise partakes of the nature of a property right. Also, it is well to remember that there is a twilight zone between hospital service and professional service.

It would seem, therefore, that a proper solution would be a percentage arrangement between the hospital and the doctor furnishing the professional service. Of course, no exploitation by either side should exist, and mutual trust and fair dealing as well as united effort would have to obstain. Moreover, as costs changed, as they most probably would, revision of percentage rates from time to time might be necessary. Certainly such an arrangement would be far better than the litigation now pending in certain trans-Mississippi states to the disgust of most doctors and hospital administrators in those areas.

It is indeed a task to run a modern hospital successfully. It requires that staff and administration, to use a horseman's phrase, "trot in double harness". It is absolutely necessary that the staff know and understand the needs of the hospital and that the administration know and understand the needs of the staff. This knowledge mutually held will bring about mutual understanding, mutual forbearance and unified action, with resultant harmonious success.

TRANS WORLD AIRLINES
TWA

ACHROMYCIN*

Tetracycline *Lederle*

in the treatment of

respiratory infections

January and his associates[1] have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

Each month there are more and more reports like this in the literature, documenting the great worth and versatility of ACHROMYCIN. This antibiotic is unsurpassed in range of effectiveness. It provides rapid penetration, prompt control. Side effects, if any, are usually negligible.

No matter what your field or specialty, ACHROMYCIN can be of service to you. For your convenience and the patient's comfort, Lederle offers a *full* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection—defends the patient—hastens normal recovery. For severe or prolonged illness. Stress formula as suggested by the National Research Council. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

For more rapid and complete absorption. Offered only by Lederle!

dry-filled sealed capsules

[1]January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.

Lederle

LEDERLE LABORATORIES DIVISION

AMERICAN CYANAMID COMPANY

PEARL RIVER, NEW YORK

*REG. U. S. PAT. OFF.

PHOTO DATA: 4X5 VIEW CAMERA, F5.6, 1/25 SEC., EXISTING LIGHTING AT DUSK, ROYAL PAN FILM.

Special Article

Licensure of Foreign-Trained Physicians in West Virginia

Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D.

BACKGROUND OF THE PROBLEM

MORE AND MORE, since the close of World War II, the problem of licensure of foreign-trained physicians has received the attention of the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges, and more urgently, of the Licensing Boards of the several states. The most recent Educational Number of the *Journal of the American Medical Association* (October 8, 1955) includes a section on "Foreign Medical Schools and Students", one which, in recent years, has become a regular feature of the Educational Number.

The appropriateness of this section on foreign-trained physicians lies in the fact that in recent years there has been a marked increase in the number of foreign-born and foreign-trained physicians who are continuing their medical education in our country at the intern and resident level. Many of these physicians have plans to return to their home lands, but an increasing number of them wish to remain in this country and are seeking citizenship and license to practice medicine here. There are also a number of United States-born men who have studied medicine in other countries, most of them going abroad because they did not gain admission to schools in our country, rather than because they considered foreign medical schools superior to those at home.

The screening of foreign-trained physicians for the practice of medicine in this country by the various state licensing boards has become a serious problem in recent years. There appears to be a general feeling that there is a shortage of physicians, and that the medical schools are not able to graduate a sufficient number of students as the need for medical care has grown. This attitude has been challenged by some who feel that there are enough physicians in the United States, but they are not distributed properly. However that may be, there is a definite desire to supplement our home-trained physicians with a certain number of those trained elsewhere. This seems a reasonable proposition, provided the licensure of such physicians does not involve a lowering of standards, or the formation of a double standard—one for home-trained men and another for foreign-trained.

The Authors

- Edward J. Van Liere, M. D., Dean, West Virginia University School of Medicine, Morgantown, W. Va.
- Gideon S. Dodds, Ph. D., formerly chairman of the Committee on Admissions, and secretary of the faculty of West Virginia University School of Medicine. Retired July 1, 1951.

PROGRESS IN MEDICAL EDUCATION IN THE UNITED STATES

To the uninitiated may come the question as to why there should be a special problem about the licensure of these foreign-trained physicians, especially to those who remember the prestige which was once attached to graduation from some European schools, for example, those of pre-war Germany. The answer is this:

About the turn of the century it became a matter of concern to forward-looking educators that medical education in our country—with the exception of a few outstanding schools—was carried on at a level far below that of European countries. In recognition of this deficiency there began the persistent and progressive program in medical education, supported by the American Medical Association and the Association of American Medical Colleges. This program of improvement was given a strong impetus in 1910 by the publication of the Flexner Report of the Carnegie Foundation for the Advancement of Teaching, a report which greatly strengthened those with high ideals for medical education. In those early years of the progressive movement, we learned much from European standards of medical edu-

cation, and, indeed, in a measure, followed the pattern of their educational methods. In more recent years we have sought to advance beyond those early standards in the development of a program particularly adapted to the needs and resources of our own land.

Those of us who have watched this development and have taught in medical schools or served on state licensing boards, during this period, or those who have made careful study of the history of the era, are keenly aware of the remarkable progress made. We belive we are justified in considering our medical schools and our standards of medical practice to be the best in the world. Another factor which has contributed to the reversal of relative excellence, lies in the impact of the two world wars and the political upheavals associated with them. These disturbances have made a profound modification of educational standards in the European area, a calamity from which our land has largely been spared.

Progress in the standards of medical education has been reflected in a corresponding elevation of the educational requirement set up by the state boards of licensure. These boards, in addition to satisfactory performance in examinations, have come to require graduation from "Class A" (now called "approved") medical schools. Among these educational implications is the completion of at least two years of collegiate work as a requisite for admission to medical school. Not only do the boards require a certain amount of educational background, but the medical schools in turn, must maintain scholastic standards which will enable their graduates to meet the standards set by the boards. This makes for a mutually beneficial relationship between the boards and the schools.

Our state boards of licensure feel, and rightly so, that upon them rests the responsibility for careful screening so that a good quality of medical care will be available for our citizens. Our West Virginia Board is well aware of this duty and takes the position that license to practice should be granted only after full assurance has been received of adequate educational background and of satisfactory mastery of the matter presented.

It has been pointed out[1] that the right to practice medicine is not a right of citizenship, either for native born or naturalized, but that it is rather a privilege granted by the state to persons who meet certain specified standards of education and personality. Furthermore, that license to practice medicine, once granted, partakes of the nature of a property right, which can be revoked only for cause and by due legal process. On this account alone licensure should be granted only after a very careful and satisfying study of credentials.

CURRENT USE OF FOREIGN-TRAINED PHYSICIANS

Foreign-trained physicians are enabled to continue their education in certain states, including West Virginia, as interns and residents, under the provision by which physicians may be licensed for practice in "restricted areas", such as in a hospital or clinic. Here they practice under the direction of licensed and experienced physicians, and in this capacity have a definite usefulness in supplementing the regular staff of an institution. But for those who wish to become citizens of our country and remain here, this restricted practice is not the ultimate goal; they wish to practice in their own right. This requires regular licensure by the state through the instrumentality of a medical licensing board.

The physicians directing the work of these men in the clinic or hospital often think well of them and are glad to recommend them to the State Board. Herein lies one of the difficult problems faced by the Board. A member of the Board[2] has expressed the nature of the problems by pointing out that a group of physicians for whom a foreign graduate is working often earnestly and sincerely recommends to the Board to give special consideration to their man. They apparently do not realize that to retract in one case could establish a precedent that might be difficult to avoid in future cases, with the result that standards of admission to medical practice would be lowered.

The Board is, of course, glad to have personal testimony of physicians concerning these applicants. Their recommendations are invaluable in throwing light upon the matter of personality and moral integrity concerning which the records of scholastic work tell nothing. But above and beyond this, lie other aspects of the problem, of which these physicians have not had opportunity to learn anything, but which members of the Board must face if they are to maintain fair and wise standards for all applicants.

Admittedly, the final decision concerning admission to the examination rests upon the Medical Licensing Board, whose responsibility it is to evaluate the educational qualifications and to judge whether applicants measure up to the standards established by the Board. But it must be remembered that these standards are based upon the educational system of our country, and

[1] Vest, Walter E., M. D., Personal communication.
[2] Holroyd, Frank J., M. D., Personal communication.

are those to which our own graduates must conform when they seek licensure.

STANDARDS OF LICENSURE IN THE UNITED STATES AND WEST VIRGINIA

For license to practice medicine, the several state boards are uniform in requiring graduation from an "approved" medical school, and this carries with it the implication that the candidate had taken at least two years of college work in a reputable institution prior to entering medical school. As a matter of fact, in recent years practically all medical students in our country have taken three or four years of pre-medical training. The collegiate curriculum includes not only the essential training in the sciences, but also a general training which gives the background for an understanding of human beings and human affairs. The recent trend has been toward an increasing emphasis upon the breadth rather than depth of the pre-medical collegiate education. It is generally required by state boards that foreign-trained physicians should not be licensed unless they have an educational training equivalent in time and excellence to at least our minimum requirements.

The difficulty of the problem becomes apparent when the state boards begin to determine the "equivalence" of the educational background of foreign-trained physicians. Much study has been given to the evaluation of medical and pre-medical education in the various countries from which our foreign-trained physicians come. The problem is now under extensive study by a committee representing the Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges, the Federation of State Boards, and the American Hospital Association.

As a provisional guide of limited usefulness, the Educational Number of the *Journal of the American Medical Association* includes a list of foreign medical schools, the graduates of which may safely be "considered" by state boards, on the same basis as graduates of approved medical schools in our own country. It must be remembered that our own graduates must present complete, official records of their medical and pre-medical education to the state boards, just as must those from other countries.

In the State of West Virginia the Board is confronted with the problem of evaluation of the foreign applicant because its rules require that the foreign applicants have an equivalent education, qualitatively and quantitatively, to that demanded of young people educated in our own schools. To be more specific, the rule requires "as a condition for entrance to the study of medicine, at least two years of academic work in a standard college of arts and sciences of equal rank with the College of Arts and Sciences of West Virginia University". The validity of such collegiate training is conditioned by the adequacy of the earlier education in elementary and secondary schools.

FOREIGN MEDICAL EDUCATION

Inasmuch as educational programs differ from country to country, and most of them are quite different from ours in the plan of the school curriculum, state boards face a complicated and uncertain task in attempting a fair comparison. One difficulty lies in the fact that medical schools in many countries have a curriculum extending over six years, in contrast to ours of four years. Admission to the six-year medical course often requires only the completion of work equivalent to our high school graduation.

As a further complication many of these foreign schools admit students in large numbers (some, several hundred) with little or no screening. To make up for lack of collegiate training it is common for these schools to include in the first two years certain fundamental courses in physics, chemistry and biology, which to a degree make up for the lack of pre-medical collegiate training. These, however, do not cover the studies outside the sciences, which have become an increasingly desirable part of pre-medical training in our country. The philosophy of medical education in this country is that the physician should be well educated and a man of broad culture.

These and other features make it difficult and uncertain to establish a measure of equivalence which can be applied in the evaluation of credentials. The certifications of foreign-trained students which come to the boards record the passing of certain examinations, but often are vague about the actual time of attendance at schools. On account of these practical difficulties, the hope has been expressed that a special system of examinations might be devised which would give a fair measure of the man's fitness and training rather than of the educational system through which he had come. This entire matter is now being studied.

In this connection a pertinent question has been raised by a member of the Board[2] whether an examination has been devised that, of itself, will determine whether an applicant is fit to practice medicine. He emphasizes the importance of the general background of the applicant,

especially with respect to his understanding of certain traditions and ethics of the practice of medicine in this country. The preliminary education of the applicant is one of the means of attaining an answer to this question.

As a possible means of arriving at a more adequate answer to the problems of evaluation of transcripts of foreign-trained physicians the Licensing Board of our State has, on a number of occasions, sent the credentials to the School of Medicine of West Virginia University for evaluation. The thought behind this is that some members of the staff have had considerable experience in judging the scope covered in credentials of work accomplished. The officials of the School of Medicine, in turn, have enlisted the aid of the Registrar of the University, who has broad experience in the evaluation of manuscripts, and who has in his files considerable reference material about the educational systems of various countries. These are materials and information which are commonly used by registrars of our institutions of higher education. The School of Medicine has been glad to offer this service to the Board, but in view of the special relation thereby established, has not felt justified in making private evaluations for other organizations or individuals.

Even with this careful study by the persons mentioned, the answer is not always clear. Usually it can be determined whether in general the total number of years covered in the educational program is equivalent to that required by the Board, but there still remains the question of the nature and scope of the work covered, the maturity and intensity of effort by the student, and of the relative effectiveness of the teaching programs.

CONCLUSION

In some instances it is difficult indeed, if not impossible, to evaluate all factors and arrive at a fair decision, which will, on the one hand, give opportunity to worthy applicants, and on the other, will exclude those who are inadequately prepared. Obviously the decision which is finally reached should be eminently fair to our own medical school graduates, who have had to measure up to the high educational standards of our medical schools. Of greater importance is the assurance to the citizens of our state that they receive a high grade of medical care whether from home-trained or foreign-trained physicians.

The authors wish to thank Dr. Walter E. Vest and Dr. Frank J. Holroyd for their critical review of this manuscript, and for their valuable suggestions.

New Look in Medical Schools

THE MEDICAL schools have given a new look at their new curriculum. The procedure is vaguely reminiscent of the retooling that is necessary when a new model car comes off the assembly line. The medical graduate in 1957 will have the benefit of all the new changes. He may have had several families in medical school that were all his own—from tonsillitis in the children right down to the last breech delivery of the mother and the father's peptic ulcer. By the time he has graduated he will have had his eyes opened widely to psychiatric, economic, social and cultural components of a disease.

Considering that he will already have had basic sciences and a liberal education at an undergraduate level, then anatomy, embryology, biochemistry, pharmacology and the other medical sciences in the first two years of graduate school, and all the specialties in addition to the synthesis that is general practice, his erudition will be great indeed. He would seem to be ready for practice. The only difficulty is to assemble experience and to confront a macrocosm that looms up every bit as large as the world of the microscope in the times of van Leeuwenhoek, Pasteur, Koch and Virchow. The total assignment cannot be prepared in one person's lifetime. In addition many of the global factors are but dimly seen and not subject as yet to a scientific approach or control.—New England Journal of Medicine.

Special Article

Let's Cut the Cancer Toll

D. V. Kechele, M. D.

THE ANNUAL CAMPAIGN for funds for cancer control will get under way in April. This year, the campaign will revolve around the slogan, "Fight Cancer With a Checkup and a Check."

This slogan will no doubt increase the work load of the already busy physician, and he might be strongly tempted to give the well patient, with no symptoms bothering him, the proverbial "lick and promise" so that he can get back to the patient with symptoms. The patient with symptoms insists on bringing himself to the attention of the doctor until the condition causing the symptoms is removed.

The well patient is not going to insist on seeing the doctor if not encouraged to do so by the doctor. Yet, this so-called well patient may need a physician much more than he or anyone thinks, for many cancers grow for many months or years before causing symptoms, and one may be growing within his body right now.

The office of the family doctor is the best cancer detection center in the world. Without exorbitant cost to the patient, or without buying expensive equipment, this physician can find many cancers before they cause symptoms.

Cancer of the skin is the easiest of the cancers to treat and many pre-cancerous skin tumors can be removed while still benign.

Cancer of the breast, male or female, is detected first in the doctor's office.

Cancer of the tongue, throat and larynx can be detected by the general practitioner before symptoms occur.

Sixty-five per cent of all cancers of the colon and cancers of the prostate can be detected by simple digital examination of the rectum.

Bimanual examination of the pelvic organs can discover abnormalities, potentially malignant, of the uterus and ovaries before any symptoms occur.

The Author

- **D. V. Kechele, M. D., Bluefield, W. Va., President, West Virginia Cancer Society, Inc., an affiliate of the American Cancer Society, Inc.**

Speculum examination of the vaginal vault and cervix combined with Papanicolaou smears will discover many carcinomas in situ and in early stages while still amenable to curative treatment.

These examinations can be performed routinely in any doctor's office. Additional examinations, such as x-ray studies of internal organs, should be done when findings or history indicate the possibility of cancer. Annual x-ray examinations of the chest will enable the doctor to detect many carcinomas while they are still operable.

If the patient contacts the doctor for his physical checkup, it is hoped that no doctor will discourage such a person. If the patient would visit the doctor regularly, and the doctor would conscientiously examine the patient, a much better cancer cure rate would prevail throughout the world.

It is well enough to talk about the seven cardinal symptoms of cancer, but, in my experience, it is frequently too late to expect a cure when these symptoms appear.

More emphasis should be placed on having the patient go to the doctor for at least a physical checkup regardless of whether or not symptoms are present.

More emphasis should be placed on the conscientious examination of these patients by the cancer-conscious doctor.

Right now, let us all strive to do what we can with what we have to cut the cancer toll.

A Corner in One of the Many Beautiful Lounges at The Greenbrier.

The President's Page

Medical Examiner's System

They say in Texas that "it's easier to kill a Texan than to steal a horse". We have a coroner's law in West Virginia similar to the law in Texas, old and antiquated. Perhaps the same statement could be made in West Virginia, indicating that many murders go unchallenged. In the states with old-fashioned coroner's laws it has been estimated by experts that for every murder detected there are nine that pass for natural death or suicide.

Some states have adopted a better system, called by different names, but all using a medical examiner system or service. Our adjoining state, Virginia, enacted such a law in 1946, in which competent investigation of unexplained deaths is the prime factor. Certainly, our law regarding authorization for autopsy should be amended so that deaths from unknown causes may be adequately investigated. When West Virginia develops a new system of investigation, of whatever type, the final studies must be performed and supervised by an adequately trained pathologist.

The West Virginia Association of Pathologists is now hard at work drafting an "Autopsy Examination Bill" patterned after similar laws in Connecticut, Maryland, Massachusetts, New Jersey, Virginia and Wisconsin. When the draft of the bill is completed, it should undoubtedly be referred for study to the Council of the West Virginia State Medical Association. When approved, it should be published in the West Virginia Medical Journal or mimeographed and distributed to all of our members for their information.

The bill providing for a new autopsy law should be introduced in the Legislature at the same time the medical examiner's bill is dropped in the hopper.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

THE 1956 CONVENTION

The date of the 89th annual meeting of the West Virginia State Medical Association is several months in the future, but it is most pleasing to know that the committee arranging the scientific program has just about completed its work. We are assured of one of the best scientific programs that has ever been presented at an annual meeting.

The committee has arranged definitely for a Symposium on Rehabilitation which is scheduled for the opening day of the meeting, Thursday morning, August 23. There will be papers presented by three of the country's outstanding physicians in their particular fields, the first covering generally the subject of Rehabilitation, the second Rehabilitation of the Cardiac, and the third Rehabilitation of the Mental Patient. A panel discussion, with full audience participation, is to follow the third paper.

We are in full accord with the action of the committee in arranging this symposium. Great strides have been made during recent years in the field of rehabilitation, and it is a subject that is of interest to every physician, no matter where located or in what type of practice he may be engaged. A program of this kind can be of immeasurable value to all.

As this issue of the Journal goes to press we are informed that the second general session on Friday, August 24 will be in the nature of a Symposium on Obstetrics and Gynecology. It is possible that the complete program for the two days will be released by the Program Committee within the next month. We are told that the third general session on Saturday will feature addresses on various subjects of interest to specialists as well as those engaged in general practice.

The committee is wise in limiting to three the number of papers presented at a general session. The time saved is always used advantageously for a panel discussion or a question and answer period at the close of a morning session.

This is the one meeting of the year where all of the members of the State Medical Association should endeavor to meet together, not only to renew old friendships and make new acquaintances, but to avail themselves of the opportunity to hear experts in their various fields discuss problems in which all are interested.

LICENSING OF FOREIGN-TRAINED PHYSICIANS

The "Licensure of Foreign-Trained Physicians in West Virginia" is the subject of a special article which appears in this issue of the Journal. Really the problems pointed out by the authors of this paper extend beyond the geographical boundaries of any one state.

There is a fundamental question which state licensing boards need answer: can a person trained in a foreign medical school be permitted

to practice in the United States without losing faith with graduates of our own medical schools when they must meet exacting standards of both pre-medical and medical training; or even without losing faith with the patients who necessarily will place their confidence in the immigrant physician and entrust their physical and mental well-being to him?

This is a particularly vexing problem and its solution is plaguing the licensing boards of many states. It was an item considered by the Congress on Medical Education and Licensure at its meeting in Chicago during mid-February, 1956.

One reason for the development of this problem in the years following World War II is the apparent shortage of physicians in many areas, and the rush of certain zealous groups to alleviate the difficulty by allowing foreign-trained medical graduates to take up the slack. West Virginia has been especially vulnerable on this point.

It is said that the overall national ratio of physicians to population is 1:700; however, estimates indicate that in this state we have only one physician for approximately every 1200 persons. If we accept the national average as an optimal ratio, then it follows that West Virginia has just slightly more than one-half as many physicians as are necessary. Actually the status of medical care in recent years in this state has not indicated that our situation is so acute, even with the ratio as apparently unfavorable as it is, to warrant sacrificing our high standards of medical education and practice for large numbers of personnel.

It should be emphasized that relatively few medical schools in the world provide a level of instruction and training comparable to those in the United States. Neither do they require the high standard of performance on the part of their students as a requisite to graduation. Admission to a medical school approved by the Association of American Medical Colleges and by the Council on Medical Education and Hospitals of the American Medical Association signifies that the student has completed satisfactorily at least two years of college work. More often it means that the student has had three years of college training. Even in many instances, if not in the majority of cases, the student enters medical school with a baccalaureate degree.

As the authors of the licensure paper in this issue of The Journal point out in this critique of the situation, state licensing boards cannot always currently assume such a breadth of background in a graduate of a foreign medical school.

All portions of a physician's educational experience, both cultural and technical, are important for his complete understanding of his patients and their problems. Thus, it is advocated that licensing boards not lose sight of the fact that the quality of medical education in the United States has attained a level not surpassed by any other country in the world, and that our citizens can rightfully expect to continue to be provided with the high calibre of medical care they have come to accept as an integral part of the American way of life.

Our Medical Licensing Board has indeed a trying, and at times, an onerous task, somewhat analogous to the admissions committee of a medical school. The responsibility of the Board is great, and the citizens of the state should appreciate the high ideals which motivate its often difficult decisions.

Physicians and laymen alike are indebted to the men of this Board who are constantly endeavoring to provide us with a sufficient quantity of medical personnel and at the same time are striving to continue the high quality of medical service that we have known in the past in this state.

GOOD DEEDS REMEMBERED

During the past month a West Virginia doctor was reminded in a most unusual way of a kindly deed he had performed for one of his patients many years ago.

The following human interest story concerning Dr. J. W. Stokes of Hinton appeared in recent issues of the Raleigh Register and Beckley Post-Herald:

> Dr. J. W. Stokes, well known local physician, got quite a "kick" out of an incident which happened this morning while he was manning a bucket for the benefit of the Heart Fund at National Bank of Summers corner.
>
> The doctor said that a man came up to his post, stood around watching for a few minutes, then tendered him a $20 bill, saying that a woman had given him the money to donate to the fund.
>
> The man said the woman did not want to be identified, and told him that years ago Dr. Stokes had come to her house in the country to deliver her baby. The doctor's fee for the night trip was $20, but when he saw there was no more money in her purse and no food in the kitchen, he returned the fee with the remark that she needed it more than he did.
>
> The doctor, who has suffered from a heart condition for several years, was highly pleased by the incident, and that the Heart Fund was the beneficiary of a kindness which had long since passed from his memory.

All of which goes to prove, if proof is necessary, that patients do remember, even after a period of years, the good deeds performed by a physician.

During the past few months it has been most encouraging to read where physicians over the entire state have appeared on programs to explain and attempt to rally support for the battle against polio, heart disease, cancer and other death-dealing diseases.

GOOD MEDICAL PUBLIC RELATIONS

The ultimate goal of these public appearances, of course, is the enlightenment of the public toward the work that is being done to combat diseases which take the lives of thousands of our people each year. Many do not realize the scope of the fight being waged in research centers by medical and scientific personnel. Likewise, these same people are skeptical about the amount of money needed to carry on this research.

A physician can help unravel many of these mysteries which are harbored in the minds of the persons who are somewhat unaware of the job accomplished by each dime or dollar they contribute to a particular campaign for funds to help control a particular disease. Active support by the physician will lend emphasis to the job at hand since he is known and well respected by most of the people of his community.

These appearances before civic clubs, PTA organizations and other community groups not only help to educate the public, but also are beneficial to the entire medical profession. One physician's participation on a speaking program reflects favorably upon all the physicians in that community. It is a definite step toward the establishment of good medical public relations.

Elsewhere in this issue there appears an article concerned with a biochemical approach to the problem of schizophrenia.

BIOCHEMISTRY AND SCHIZOPHRENIA

This ancient disease continues to be one of the major tragedies which beset the human race. A very common disturbance, it causes prolonged disability during the most productive years of life. In addition, nearly every instance requires at some time a protracted period of institutional care. Another more distressing feature of the disease is the manner in which, by its very nature, it separates the mind and the feelings of the subject from his family, friends and attendants whose foremost wish is to care for his needs.

Clinical investigation of this disorder has done much to explain its natural history and the lines along which it may develop. The nature of the etiology of the disease, however, remains completely obscure. Treatment, too, while somewhat more effectual than that of some years ago, is purely empiric.

Research studies conducted along the usual lines of histopathology and even of classic chemopathology have been entirely fruitless in furthering our fundamental knowledge of schizophrenia.

Recent study of the details of enzyme systems functioning within individual cells brings us closer than ever before to the very basic principles of living matter. It now appears that such a method of study, applied to the disease, schizophrenia, is likely to advance our knowledge perceptibly.

Perhaps one may be justified in harboring a measure of guarded optimism with respect to man's ultimate ability to cope with the scourge of schizophrenia.

Modern or "Open Door" Treatment Of The Mentally Ill

There are two historical reasons for the constraint of the mentally sick (who of all people, are least able to tolerate it): first, the public demand for protection from something fearful and unintelligible, and secondly, the belief that self-discipline could be instilled by force.

Modern "open door" methods of treatment have done a great deal to reduce tension and the chances of violence, but where they have been most successful they have consisted in much more than the unlocking of doors. Freedom to do nothing is not worth having; but so many patients have been inactive for most of their lives that to fit them for a measure of liberty is really hard work, of which the nurses bear the brunt.

The custodial attitude of the mental attendant is deeply rooted and to alter it requires both imagination and courage. In its early stages, so radical a change imposes considerable strain on the nurses, and these, feeling insecure, may be tempted to deal with the inevitable setbacks by resuming restrictive and even punitive measures. But there is ample evidence that, once this stage is passed, the new liberty to be occupied, backed by the means to live a more active life, relieves the very ills for which restraint was imposed.—The Lancet.

Seeking New Horizons

We Americans live in a scientific world. We use scientific and technological developments to reduce backbreaking labor, to gain shorter working hours and higher pay, to raise our living standards to the world's highest. That is why the scientist's job concerns everybody vitally.

Today's pioneer does not wear a coonskin cap or shoulder a rifle. More likely he is wearing a laboratory apron and wielding a stirring rod. He continually finds new lands to explore in his test tubes. His hunting is done with the microscope. He seeks new horizons in the cyclotron.—Robert F. Wilson as quoted in Think.

GENERAL NEWS

Committee Completing Program For 89th Annual Meeting

Reservations at the Greenbrier for the 89th annual meeting of the West Virginia State Medical Association, August 23-25, already total more than 250, and there is every indication that by convention time most of the rooms at this world famous resort will be occupied by doctors and their wives.

The convention this year is scheduled for a week later than the annual meeting in 1955. Late August is usually one of the best seasons of the year at the Greenbrier, with warm days and cool nights providing an ideal location for a large convention.

Activities of the various groups and the schedule for scientific sessions will follow pretty much the pattern set in 1955.

General Sessions in Theatre

All general sessions will be held in the new theatre on the registration floor level, and scientific and technical exhibits will be set up in the large auditorium on the main floor level.

Meetings of sections and affiliated societies and associations will be held afternoons during the meeting. All of the rooms on the second floor of the new convention unit will be used for this purpose.

Activities each day will begin at eight-thirty, when sound motion pictures will be shown until 9:10 A. M. The scientific program will get under way each morning at nine-thirty, with adjournment being acheduled for 12:30 P. M. It is thought that the program for the entire three-day meeting will be released by the Program Committee sometime during the next few weeks.

All Exhibits in Auditorium

There will be a half hour's recess each morning for visiting the exhibits, which will remain open until five o'clock each afternoon so that all those present may have an opportunity to visit the various booths.

It was announced by the headquarters offices of the State Medical Association the middle of March that 43 technical exhibitors had already reserved space in the auditorium. It is thought that at least 12 scientific exhibits can be set up in the spaces that remain open. If the scientific exhibits can be set up in the auditorium, it will not be necessary to use the foyer leading to the main floor lobby.

The program for afternoon sessions of various medical groups is in the process of being arranged at the present time, and it is thought that there will be meetings of all of the affiliated groups at some time during the convention.

Entertainment Features

Although definite arrangements have not been completed for entertainment and other features to be presented on evenings during the convention, the committee has indicated that the main entertainment feature will probably be under the auspices of the Woman's Auxiliary.

An open meeting is being planned for Wednesday evening, August 22, immediately preceding the opening of the convention, and already several committees and other groups have arranged for meetings on Wednesday afternoon.

The program committee is composed of Dr. Richard W. Corbitt of Parkersburg, chairman; Dr. Carl B. Hall of Charleston; and Dr. George F. Evans of Clarksburg.

Trudeau Society to Meet May 21-23

The 51st annual meeting of the American Trudeau Society, medical section of the National Tuberculosis Association, will be held in New York City, May 21-23.

The meeting will run concurrently with the annual meeting of the National Tuberculosis Association. All sessions will be at the Statler Hotel.

Seven special lectures, eight panel discussions on subjects of immediate interest in pulmonary disease management, and 11 sessions devoted to the presentation of scientific papers have been scheduled for the meeting.

The highest scientific award in the tuberculosis field, the Trudeau Medal, will be presented during the meeting. The Will Ross Medal, for achievement in tuberculosis control other than scientific, will also be presented.

Billions in Bonds

A Treasury Department release in connection with the 15th anniversary of the Series E bond program, May 1941-1956, shows that holdings of series E and H bonds passed the $40 billion mark for the first time in December, 1955, $37½ billion being in E bonds, and $2½ billion in Series H.

The $40 billion is held in about one-half billion separate pieces of bonds, three-fourths of which are $25 and $50 E bonds. These small-sized bonds are bought primarily by workers on the payroll savings plan.

Large Bequest to WVU Medical Library

The Monongalia County Medical Society has relinquished to West Virginia University all rights to a bequest made to it under the provisions of the will of Thomas Judson McBee, M. D., of Morgantown, who died October 21, 1955.

The will, probated shortly after Doctor McBee's death, directed that his estate be used for the purpose of providing a medical library for the Monongalia County Medical Society. If the society should not act within twelve months, then the proceeds of the estate were to be turned over to West Virginia University for the establishment of a medical library.

The action of the society in relinquishing its rights to the bequest means that the entire estate appraised at $27,678 will go to the University for use in connection with the medical library that is being set up at the new Medical Center in Morgantown.

Dr. M. L. Bonar Awarded Plaque

Dr. Ernest M. Brown of Philadelphia, a native of West Virginia, was the guest speaker at the sixth of a series of lectures being sponsored by the department of postgraduate medical education of Charleston General Hospital, held March 10-11.

Doctor Brown, who is a member of the faculty of the University of Pennsylvania School of Medicine, discussed steroid physiology and therapy as related to arthritis, differential diagnosis of arthritis and allied conditions.

Dr. Martin L. Bonar, who has practiced his specialty of dermatology in Charleston since 1921, was presented with a plaque in recognition of his many years of outstanding service to the community.

State Physicians Participate In TB Case Conference

The fourth Tuberculosis Case Conference, which was sponsored by the Trudeau Societies of West Virginia, North Carolina, and Virginia, was held at the Hotel Roanoke, in Roanoke, Virginia, March 18-20.

Dr. W. M. Peck presented cases from the North Carolina Sanatorium consisting of the first twelve patients after July 1954 with positive sputum, who ultimately underwent major surgery.

Dr. A. L. Starkey, superintendent of Hopemont Sanatorium, presented from West Virginia a contrasting group of twelve patients who were treated there without major surgery.

The cases from Virginia, selected from the Pine Camp Hospital, were presented by Dr. Carl W. La Fretta.

Several cases representing the "good, honest" type of diagnostic problem that confronts physicians today were presented by Dr. Thomas Barrett of Gravely Sanatorium, North Carolina.

Moderators for the sessions included Dr. Kinloch Nelson of Richmond, Virginia, and Dr. Duane Carr of Memphis, Tennessee.

Dr. George M. Lyon New Manager Of VA Hospital at Huntington

Dr. George M. Lyon has been named manager of the Veterans Administration Hospital in Huntington. He served as assistant chief of the VA department of medicine and surgery in Washington until his recent appointment. He is expected to assume his official duties in April.

Doctor Lyon, who formerly practiced his specialty of pediatrics in Huntington, succeeds Dr. Haughton W. Baxley who has been assigned to a new position with the department of medicine and surgery of the Veterans Administration.

Doctor Lyon received his M. D. degree from Johns Hopkins University School of Medicine in 1920 and was licensed to practice in West Virginia the following year. He is a diplomate of the American Academy of Pediatrics and practiced his specialty in Huntington until 1942 when he was called to active service as Commander (MC) in the Navy.

He served in the office of the Surgeon General of the Navy and was a member of the "joint crossroads committee." His naval service also included a tour of duty in Europe as medical research director with the Bureau of Medicine.

He was released from active service in 1947 with the rank of Captain. That same year he accepted appointment as special assistant for atomic medicine with the VA. He organized the VA radioisotope program, which is one of the largest medical programs of its kind in the country.

Doctor Lyon was a former member of the Cabell County Medical Society, the West Virginia State Medical Association and the American Medical Association. He served as president of his local county society in 1941.

ACCP Annual Meeting, June 6-10

The 22nd annual meeting of the American College of Chest Physicians will be held at the Hotel Sherman, Chicago, Illinois, June 6-10, 1956.

The scientific program will include prominent speakers of all aspects of heart and lung diseases. In addition to formal presentations, there will be a number of symposia, round table luncheon discussions, seminars, and motion pictures.

The Fireside Conferences, which were inaugurated at the annual meeting of the College in 1955, will be repeated. At this session, more than 50 experts will be present to lead the discussions on many subjects of current interest in the specialty of diseases of the chest.

Examinations for Fellowship in the College will be held on Thursday, June 7. On Saturday evening, June 9, more than 150 physicians will receive certificates of Fellowship at the annual Convocation.

The meeting is open to all interested physicians. There is no registration fee. Copies of the program may be obtained by writing to the Executive Offices, American College of Chest Physicians, 122 East Chestnut Street, Chicago 11, Illinois.

Addresses By Medical Writers To Feature GP Meeting

More than fifteen nationally prominent physicians, all of whom are authors of medical books or contributors of material used in books on medicine, surgery and the various specialties, will appear as guest speakers before the Fourth Annual Scientific Assembly of the West Virginia Chapter of the American Academy of General Practice, at the Daniel Boone Hotel, in Charleston, April 14-15.

The president, Dr. Logan W. Hovis of Parkersburg, who assumed his duties January 1, succeeding Dr. T. Maxfield Barber of Charleston, will open the meeting on Saturday morning, April 14.

Logan W. Hovis, M. D.

The scientific program for the two-day meeting has been arranged by the general chairman, Dr. Halvard Wanger of Shepherdstown. Doctor Wanger is the president elect, and will be installed at the Annual Scientific Assembly in 1957.

The first general session on Saturday morning will be devoted to a discussion of surgical subjects, and strictly medical subjects will be discussed by speakers at the afternoon session.

The following program has been arranged for the annual two-day session:

Saturday Morning, April 14

"Use of Depressant Drugs."—Stuart Cullen, M. D., Professor of Surgery and Head, Division of Anesthesiology, University of Iowa.

"Carcinoma of the Stomach."—Alton Ochsner, M. D., William Henderson Professor of Surgery, Tulane University.

"The Cause of Pain Following Cholecystectomy for Cholelithiasis."—Waltman Walters, M. D., Professor of Surgery, Mayo Foundation.

"Burns."—Henry Harkins, M. D., Executive Officer, Department of Surgery, University of Washington.

Saturday Afternoon

A former West Virginian, Dr. Aaron Arkin, Rush Professor of Medicine at the University of Illinois, will be the first speaker on the Saturday afternoon program. His subject will be "Pericarditis."

Doctor Arkin was bacteriologist at West Virginia University School of Medicine in 1913 and assisted in the establishment of the state's first hygienic liboratory, which was located at Morgantown. The late Dr. John M. Simpson, then dean of the School of Medicine, was named director of the laboratory, which was set up in 1913 during Dr. H. D. Hatfield's term as Governor of West Virginia.

Other papers will be presented at the Saturday afternoon session as follows:

"Osteoarthritis."—Russell Cecil, M. D., Professor of Clinical Medicine (Emeritus) at Cornell University.

"Sodium and Potassium Metabolism in Health and in Disease."—T. S. Danowski, M. D., Renziehausen Professor of Research Medicine, University of Pittsburgh.

"Psychosomatic Aspects of Drug Therapy."—Harry Gold, M. D., Professor of Clinical Pharmacology, Cornell University.

"Osseous Reflections of General Disease."—Leroy Sloan, M. D., Clinical Professor of Medicine, University of Illinois.

"Practical Considerations in the Management of Diabetes."—Garfield G. Duncan, M. D., Clinical Professor of Medicine, Jefferson Medical College.

Dr. Richard Shackelford, of Baltimore, Assistant Professor of Surgery at Johns Hopkins University School of Medicine, will be the guest speaker at the banquet on Saturday evening. His subject will be, "Draping the Iron Curtain."

Sunday Morning, April 15

Dr. Robert Greenblatt, of Atlanta, Georgia, Professor of Endocrinology at the Medical College of Georgia, will open the program on Sunday morning. He will discuss "The Role of Depressants, Anti-Depressants, Relaxants, and Hormones in the Management of the Menopause."

Two other papers will be presented at the Sunday morning session. Dr. Richard Telinde of Baltimore, Professor of Gynecology at Johns Hopkins University School of Medicine, will discuss "Incontinence of Urine in Women," and Dr. Robert Willson of Philadelphia, Professor and Head of the Department of Obstetrics and Gynecology at Temple University School of Medicine, will present a paper on the subject of "Edema During Pregnancy: Its Cause and Treatment."

Sunday Afternoon

The following program will be presented at the final session on Sunday afternoon:

"Common Urologic Conditions in Infants and Children."—Meredith Campbell, M. D., Professor of Urology, New York University.

"Interscapular Pain."—Bernard Judovich, M. D.,

Associate In Neurology, University of Pennsylvania.

"The Physician's Responsibility in Recognition and Management of Hearing Loss."—Francis Lederer, M. D., Professor and Head of the Department of Larngology, Rhinology, and Otology at the University of Illinois.

"Closure of Wounds and Lacerations."—Paul Williamson, M. D., general practitioner, who directed the Department of General Practice at the University of Tennessee.

Dr. Don S. Benson of Moundsville is the vice president of the West Virginia Chapter, Dr. Seigle W. Parks of Fairmont, secretary, and Dr. Myer Bogarad of Weirton, treasurer.

Sears-Roebuck Foundation Program

The Sears-Roebuck Foundation announced recently that it will continue its plan of assistance in the establishment of medical practice units. The foundation also announced that loans, ranging from $3,000 to $25,000, had been granted for use in the establishment of such units during 1955.

The loans went to 18 physicians setting up 10 practice units in eight states. The screening and selection of applicants was handled by a 17-man advisory board of leading physicians named by the trustees of the American Medical Association. The foundation, itself, administers the plan.

The foundation said it has allotted $125,000 for continuing the plan of assistance in 1956, which together with the $24,000 remaining from the 1955 budget, will make a minimum of $149,000 available for the program during the present year.

Medical-TV Forums

Members of four medical societies participated in a series of medical-TV forums presented during March over WCHS-TV, Charleston, in cooperation with the welfare councils and medical societies in Cabell, Kanawha, Raleigh and Wood counties.

Harry Brawley, director of public affairs for WCHS-TV, served as moderator of each of the four programs and members of the Parkersburg Academy of Medicine, and Cabell, Kanawha and Raleigh Medical Societies sat as members of the panel.

Topics discussed were "You and Your Mental Health," "Overweight," "Arthritis and Joint Pains," and "Heart Trouble."

Audiometer Material Available

The Speech and Hearing Clinic of West Virginia University has on hand material concerning audiometers, which has been supplied by the manufacturers of the various types. Copies of the material will be sent on request to interested individuals, organizations and institutions, but the Clinic in no way evaluates the apparatus described which the manufacturers have deposited with it.

Request for the material should be addressed to Director, Speech and Hearing Clinic, West Virginia University, Morgantown.

Ob. and Gyn. Exams

The American Board of Obstetrics and Gynecology has announced that applications for certification for the 1957 Part I Examinations are now being accepted. Candidates are urged to make such application just as soon as possible. The deadline for receipt of applications is October 1, 1956.

All candidates for admission to the examinations are required to submit with their application a plain typewritten list of all patients admitted to the hospitals where they practice for the year preceding their application or the year prior to their request for reopening of their applications.

Applications for reexamination, as well as requests for re-submission of case abstracts, must be made prior to October 1, 1956.

Current bulletins outlining present requirements may be obtained by writing to Robert L. Faulkner, M. D., Secretary, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Relocations

Dr. William R. Wellborn, Jr., of Bluefield, has moved to Morganton, North Carolina, where he will continue the practice of his specialty of obstetrics and gynecology.

* * * *

Dr. Willis E. Lemon of White Sulphur Springs has moved to Chattanooga, Tennessee, where he will continue the practice of his specialty of radiology at the Baroness Erlanger Hospital.

* * * *

Dr. John D. Lindsay of Fairmont has moved to Chambersburg, Pennsylvania, where he will continue the practice of his specialty of internal medicine, with offices at 75 N. Main Street.

* * * *

Dr. Oscar M. Wilbur, Jr., of Elkins, has moved to Chicago, where he will continue the practice of his specialty of pathology at Augustana Hospital, 411 Dickens Avenue.

* * * *

Dr. Vernon L. Peterson of Charleston has moved to Seattle, Washington, where he will continue the practice of his specialty of radiology. He is associated with Dr. Tom Blake, with offices at 1011 Medical-Dental Building. He located in Charleston in 1934, and since that time has practiced there continuously with Dr. Everett W. Squire, except for the period from June, 1942 until February, 1946, when he was on active duty with the rank of major in the Medical Corps of the Army.

"Today's Health" Campaign

The Woman's Auxiliary to the American Medical Association sold 8,995 subscriptions to "Today's Health" in a campaign conducted last fall. The members of the Woman's Auxiliary to the West Virginia State Medical Association participated actively in the campaign to secure subscribers to the AMA health magazine.

Dr. P. L. McCuskey Named Member Of State Council On Education

Dr. Paul L. McCuskey of Parkersburg has been named by Dr. Athey R. Lutz, president of the West Virginia State Medical Association, as the official representative of the Association on the West Virginia Council on Education.

The invitattion to accept membership on the Council was extended by the West Virginia Education Association last fall and accepted by the unanimous vote of the Council of the State Medical Association.

The West Virginia Council on Education has previously been limited to representatives of education and closely related agencies and organizations. It is now being enlarged to include representation from major business, labor, industrial, professional, civic and other lay organizations.

The first of the meetings of the Council under the new plan of organization was held in Charleston on March 17, and Doctor McCuskey was present as representative of the State Medical Association.

Plaque Presented to Doctor Pauley

Dr. Walter H. Pritchard of Cleveland, Ohio, was the guest speaker at the fifth of a series of lectures arranged by the department of postgraduate medical education of Charleston General Hospital, held February 25, 1956. He presented two papers, one in the morning and one in the afternoon, his subjects being, respectively, "Surgery in Congenital Heart Disease," and "Management of Cardiac Problems in General Practice."

Doctor Pritchard is associate professor of medicine at Western Reserve University School of Medicine, and chief of cardiology at Lakeside Hospital, in Cleveland.

Dr. D. F. Pauley of Jeffrey, in Boone County, who has engaged in general practice in southern West Virginia for more than 57 years, was presented with a plaque at the meeting in recognition of his services to the medical profession and all of the people in the area in which he has practiced.

Doctor Pauley has been an honorary member of the Boone County Medical Society, the West Virginia State Medical Association, and the American Medical Association since 1953.

PN Section Meeting at Weston

Dr. David C. Wilson of Charlottesville, Virginia, professor of psychiatry and neurology at the University of Virginia School of Medicine, will be the guest speaker at the interim meeting of the State Medical Association's Section on Neurology, Neurosurgery and Psychiatry at Weston State Hospital, in Weston, on Saturday afternoon, April 7, 1956.

The speaker will discuss "The Psychiatrist's Role in Cultural Changes."

The president of the Section, Dr. Hiram W. Davis of Huntington, who is superintendent of Huntington State Hospital, will preside at the meeting which will be called to order promptly at one o'clock.

Dr. H. Sinclair Tait, superintendent of Weston State Hospital, will be the host at a social hour and buffet supper which will follow the scientific program.

An invitation to attend the meeting has been extended to all interested physicians in West Virginia, and those who expect to be present are requested to notify Doctor Tait.

AMA Health Insurance Survey

The AMA Council on Medical Service recently compiled and published a detailed "Summary of Survey of Physicians' Attitudes Toward Voluntary Health Insurance." The survey was designed to ascertain how physicians feel about health insurance.

The responses of nearly 8,000 physicians who received a questionnaire covering various aspects of voluntary health insurance are summarized in the 32-page report. The following are some of the significant opinions contained in the report:

(1) The majority of respondents felt that health insurance should be underwritten by all agencies on a competitive basis; (2) more than half expressed the opinion that the function of such programs was to provide financial assistance; (3) more than three-fourths felt that insured patients should pay some portion of medical care costs in addition to the insurance; and (4) most believed insurance should attempt to cover only "a substantial portion" rather than the entire fee.

New Pamphlets on Industrial Health

The American Medical Association recently published two pamphlets dealing with the problem of keeping industrial workers healthy and on the job. The problem of work absence, which is of importance to physicians and industrial leaders, is discussed in both publications.

The pamphlets were prepared by the AMA Committee on Medical Care for Industrial Workers, a joint committee of the Councils on Medical Service and Industrial Health.

One of the pamphlets, "A Syllabus on Work Absence," contains basic information for evaluating much of the data already published in this field. The second, "Company Medical Programs and Work Absence—10 Case Studies," includes a detailed description of the medical programs of companies, showing how non-occupational job absence has been dealt with in different areas.

Copies of these two publications may be obtained by writing the American Medical Association, 535 N. Dearborn Street, Chicago 10, Ill.

Medical Wisdom

All the power of tongue and pen, and all the wisdom of textbook and lecture, can never teach a doctor the knowledge of when to probe and when to leave alone, when to chide and when to reassure, when to speak and when to keep silent. They are private mysteries with a different solution for every one of the million permutations of personality involved between a doctor and his patient.—Richard Asher, M. D., in Lancet.

A Landmark at The Greenbrier — the Spring House, Built in 1835

ICS Regional Meeting At Chattanooga

A Southeastern Regional meeting of the United States Section of the International College of Surgeons will be held at the Read House in Chattanooga, Tennessee, April 30-May 1.

The program will include the presentation of seven scientific papers by nationally known physicians and surgeons. In addition, there will be panel discussions on gallbladder disease, surgery of the thyroid and surgery of the stomach.

The luncheon on April 30 will feature addresses by Doctor Jackson and Dr. Ross T. McIntire of Chicago. Dr. Max Thorek of Chicago and Doctor McIntire will be speakers at the banquet that evening.

Full information concerning the program may be obtained by writing Dr. William G. Stephenson, 546 McCollie Avenue, Chattanooga 2, Tennessee.

Annual Meeting, W. Va. Chapter, ACS At The Greenbrier, Apr. 13-14

The annual meeting of the West Virginia Chapter of the American College of Surgeons will be held at the Greenbrier in White Sulphur Springs, April 13-14, with the president, Dr. William E. Gilmore of Parkersburg, presiding.

Arrangements for the meeting are being made by the secretary, Dr. Kenneth G. MacDonald of Charleston.

The session on Friday will be opened at 2:30 P. M., and the second session has been arranged for Saturday morning, with adjournment set for shortly after noon. Dr. Charles M. Scott of Bluefield, is chairman of the program committee.

One of the features of the meeting will be a panel discussion on "Diseases of the Thyroid Gland."

The American Surgical Association will conclude its annual meeting at the Greenbrier on Friday morning, and all of the members of the West Virginia Chapter of the ACS have been invited to attend the final session of the group.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled for 1956:

Apr. 2-3—Annual Travel Meeting, W. Va. Ob. and Gyn. Soc., New Orleans.
Apr. 7—Section on Neurology, Neurosurgery and Psychiatry, Interim Scientific Session, Weston.
Apr. 13-14—W. Va. Chap. ACS, White Sul. Spgs.
Apr. 14-15—W. Va. Chap., AAGP, Charleston.
Apr. 16-20—ACP, Los Angeles, Cal.
Apr. 22-29—Hawaii Med. Assn. Centennial, Honolulu.
Apr. 23—Medical Licensing Board, Charleston.
May 20-25—National TB Assn., New York City.
June 4-6—National Cancer Conf., Detroit.
June 7-8—State Health Conf., Charleston.
June 7-10—ACCP, Chicago.
June 11-15—AMA Annual Meeting, Chicago.
July 15—Symposium, Va. and W. Va. Chaps, AAGP. White Sul. Spgs.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Oct. 8-12—ACS, San Francisco.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

Trials of Vietnamese Evacuation Vividly Described by Speaker

More than 150 physicians in the Charleston area attended a dinner and lecture at the Daniel Boone Hotel on February 20, sponsored by Pfizer Laboratories of Brooklyn, N. Y., in cooperation with the Kanawha Medical Society.

The guest speaker was Lieutenant Thomas A. Dooley III (MC) USN, who was the Navy's only medical officer stationed in Haiphong, North Vietnam, during the evacuation of free Vietnamese from the communist-controlled sector of Indochina.

Doctor Dooley was awarded the Legion of Merit, one of the Navy's highest peacetime decorations, for his service as medical officer in charge of refugee camps on the west coast of North Vietnam after the truce which ended the civil war in that country.

Warns of Communist Threat

The speaker warned his audience that all of Southeast Asia will eventually fall to communism unless the United States makes a great moral and political effort to win the love and respect of the people of Indochina. He said that the attitude of the Vietnamese people toward this country is complicated by mistrust of the West, confusion over American aims, and the allurements of communism.

During his 10-months' experience at Haiphong, Doctor Dooley helped process more than 750,000 Vietnamese people through the camp to American naval vessels, which carried them to freedom. The medical camp became a vital factor in the evacuation since disease was rampant among the refugees.

After the communists took over his camp in May, 1955, Doctor Dooley was able to escape to Saigon where he was given an award by the president of Vietnam for outstanding services. He was later taken to a hospital in Japan for a period of convalescence.

Charleston Physician Recognized

Doctor Dooley pointed out that he was alive and in good health today only because of the wonderful treatment accorded him by his doctor in the Japanese hospital, whom he identified as Dr. James T. Spencer, who resumed practice in Charleston last December following a two-year tour of duty in the Navy.

Doctor Dooley's address in Charleston was one of a series which he delivered throughout the country in advance of the publication of his new book, "Deliver Us From Evil," which he said would be published as a condensation in the April issue of the Reader's Digest.

The 29-year-old physician is a career naval officer in the Navy and is now serving a residency in orthopedic surgery at the U. S. Naval Hospital at Bethesda, Md.

Flat Feet

Flat feet or pigeon-toes in infants may be caused by sleeping too much in the stomach position, says Dr. Joseph H. Kite of Atlanta, Ga. He suggests babies sleep in various positions, preferably on the side.—R. N.

The West Virginia Medical Journal

May 1956 Vol. 52, No. 5

Morphological Changes in Tuberculosis

M. L. Hobbs, M. D.

The pathology of tuberculosis has been studied extensively for many years and a voluminous amount of literature is available on this subject. This paper is intended to make a brief, practical summary of the subject and presents no new nor startling ideas.

Since no experimental animal gives a reaction to *Mycobacterium tuberculosis* identical to that in man, we do not yet understand all the events and reactions that occur in human tuberculosis. Until further study reveals the true and exact pathogenesis of this disease, there will continue to be differences of opinion regarding the poorly defined pathological processes. Therefore, it is conceivable that some of the material presented in this paper may be questioned.

The causative organism of tuberculosis has been firmly established as *Mycobacterium tuberculosis,* formerly called tubercle bacilli, often referred to as acid fast organisms or, in older terminology, as Koch's bacillus. The bacteriological characteristics are well known and can be found in any textbook on bacteriology. In keeping with other pathogenic bacteria, these produce inflammation especially in humans.

Diseases of the Chest

The scientific section of this issue of the Journal is devoted exclusively to the publication of articles on Diseases of the Chest. The five papers were among those presented before the annual meeting of the Potomac Chapter of the American College of Chest Physicians at the Greenbrier in White Sulphur Springs, West Virginia, October 7, 1955.

Arrangements for the submission of the papers by the authors were made through the courtesy of George F. Evans, M. D., of Clarksburg, immediate past president of the Potomac Chapter of the ACCP.

The Author

- **M. L. Hobbs, M. D., Professor of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.**

Nature of the Inflammatory Response

Inflammation is the sum total of the host's response to an irritant which often is a microorganism. A useful, well ordered reaction, inflammation localizes and destroys the irritant, dilutes and removes the toxic products, and eliminates the necrotic debris when such is present. If one looks upon inflammation as a struggle between bacteria, or other irritants, and the host, it becomes apparent that all of these objectives may not be attained.

At times the host is victor or, again, the invaders may win. If the latter win, it often results in the death of the patient. But as so frequently happens in tuberculosis, the battle may end in a draw. If this stalemate occurs, the final outcome is in doubt. Healing occurs in the course of events only when the infection has subsided. This repair process is so closely interwoven with inflammation that the two cannot be separated.

Oftentimes tuberculosis is envisioned as a strange disease in which the response to the offending organisms is specific and different from the body's reaction to other bacteria. This is not always the case. During the early part of the initial infection, when the tissues encounter this irritant for the first time, the anatomical and other manifestations of inflammation are not specific and many times are indistinguishable from coccal infections.

These tubercule bacilli are implanted in "untrained" tissues but, subsequent to this, as the

host's cells learn to cope with the bacteria, the characteristic lesions produced by such organisms become more apparent in the form of tubercles which are practically pathognomonic. Final absolute proof must hinge on identification of the specific microorganisms which are capable of producing the disease in a suitable test animal. Often this procedure is not necessary.

As a rule the initial dose of pathogenic bacteria is quite small. In fact, this dose may be so minute that the effort on the part of the host to effectively destroy the irritants is minimal, actual damage to cells is small, and the manifestations of inflammation are insignificant. All of us in a healthy state are confronted frequently with a similar situation which we do not regard as a pathological condition. Like man and animals, bacteria have a will to survive. Their survival depends to a great extent on their ability to reproduce or grow. Then growth is a very important factor if microorganisms gain a foothold in tissues.

Recognizable inflammation occurs when the number of bacteria is sufficient to induce a sizeable response in the body. Since the normal life span of many bacteria is very short, growth must be correspondingly rapid. If growth is inhibited for any reason, the bacteria soon die out and the infection subsides rapidly. This growth inhibiting factor, which presumably is present in antibiotics, is the crux of the effectiveness vested in the so-called "wonder" drugs. Therefore, when we find rapid growth and virulence in coccal infections, of necessity the host's response also must be quick and efficient, or the intruders will "blitz" the tissues.

On the other hand, the life span of *Mycobacterium tuberculosis* is comparatively longer than that of cocci and growth is correspondingly slower. These factors, however, are just as important in tuberculosis as in other infections except that the pace is slower.

These seemingly desirable features of slow growth and a long life span inherent in these organisms are offset by two facts: the host cannot readily destroy the *Mycobacterium*, and the bacteria are capable of remaining dormant for an indefinite time. Nevertheless, they retain their pathogenicity and, when environmental conditions become favorable, can produce disease manifestations. Thus, the host is faced with an added hazard—that of an endogenous infection. All of these characteristics contribute to the chronicity and potential uncertainty inherent in tuberculosis.

Primary Tuberculosis

This represents the initial infection and the host's response. It must be pointed out again that the tissues are untrained and probably devoid of so-called natural antibodies. It often is called "childhood tuberculosis" as it has been more prevalent in the child, but age does not alter the fundamental response.

Droplet infection is the most common route by which the organisms are passed from person to person. The most logical site of inoculation is in the lungs where the microorganisms are aspirated into the alveoli. This usually produces a focal lobular pneumonia similar to that initiated by a coccus. Generally the dose is small and growth is slow, accounting for a small focus. In many ways the lung tissues resist these intruders in the same manner as they would pneumococci. First, there is a vascular response with an outpouring of serum or plasma, or both, into the alveoli, followed by fibrin plugs and aggregation of neutrophils. Identification of the specific bacteria by special stains or animal inoculation may be the only means of arriving at a specific diagnosis since the tissue reaction is very similar to that of a guinea pig when inoculated with the same bacteria.

Increased blood flow produces increased interstitial fluids within and around the lesion, facilitating the dissemination of the bacteria to the regional lymph nodes. This occurs in all or nearly all such instances. It seems improbable that immune bodies such as agglutinins are present, as is the case in most other infections. Consequently there is little or no barrier to the spread of the organisms until they reach the lymph nodes.

It must be pointed out in this connection that lymph nodes are anatomically well equipped to form an effective filter because the lymphocytes act as a mechanical filter and the reticuloendothelial cells are quite capable of phagocytizing the organisms. Hence the bacteria find it difficult to pass beyond these structures and lymph-hematogenous spread is uncommon. But the lung is an open meshwork of alveoli connecting to bronchioles and offers little mechanical resistance to spread of the bacteria. In this inflammation as in a pneumococcal pneumonia, the bacteria are localized in part by plugs of fibrin.

Immune bodies aid in corralling pneumococci, but such aids do not seem to be present in tuberculosis, or at least they do not play a significant role. In contrast to the pneumococcus, *Mycobacterium tuberculosis* has or produces necrotiz-

ing agents which affect fixed tissues and fibrin. They may and do escape from the alveoli into other adjacent alveoli or terminal bronchioles, thus affording an easy route of spread within the bronchial tree. Necrosis of fixed tissues aids in this bronchial dissemination because at any time these focal areas may expand into a bronchus or erode into a capillary to permit a hematogenous dissemination of the bacteria.

Studies of animals and a few cases in man indicate that the focal areas of pneumonia are multiple, but in the latter they are so small that they heal without visible scarring unless adjacent focal areas become confluent. Then, if healing does occur, there is visible evidence of it. On the other hand, this may lead to a progressive infection with an increase in the number and size of the focal lesions until there is marked dissemination of bacteria within the lungs or even beyond into other tissues. This may lead to death.

A summary of this primary complex is in order. It usually is a child who aspirates *Mycobacterium tuberculosis* into the alveoli, producing focal lobular pneumonia with regional lymph node changes as previously noted. One school of thought contends that all lobes of the lungs are uniformly inoculated on a chance basis but, for unexplainable reasons, lesions in the lower two-thirds of the lungs remain small and heal without recognizable sears, while those focal lesions in the upper third tend to be larger. If this idea is true, it explains the location of the Ghon tubercle and the primary complex. It is well known that children and young adults respond well to other bacteria with a tendency toward healing. Apparently it happens in these instances with little or no clinical evidence of infection.

In case of a large dose or poor response of the patient, the disease becomes progressive, ending in death. Thus the child has minimal changes, but the aged person may not fare so well. Infection, large or small, sets up a chain of circumstances which alters the reaction to subsequent infections of this organism. Any future tuberculous infection comes after the primary complex and it is called a secondary tuberculosis.

Secondary, Reinfection, or Adult Tuberculosis

As noted in the previous paragraph, this infection follows the primary complex after varying periods of time. Clinically, it often appears several years following the initial tuberculosis, but reinfection may occur within a relatively short time. The circumstances in which it commonly occurs account for the multiplicity of names. Only one requirement is essential: the patient has or has had primary tuberculosis.

All cases probably are a reinfection by the same bacteria by the same route, and acquired in the same manner as a droplet infection. Even the source may be the identical one as in the first inoculation. The possibility of an endogenous source of bacilli from the previous lesion cannot be denied, but this is an infrequent, if not a rare, occurrence. Since the Ghon tubercle is small, frequently calcified, and well circumscribed for varying periods, there is good reason to believe that the *Mycobacterium tuberculosis* within this tubercle is likely to be nonpathogenic or nonexistant. On the other hand, animal inoculations of material from Ghon tubercles prove beyond a doubt that these lesions may contain pathogenic bacilli. However, to my knowledge none of these studies indicate a change in the causative organisms except for the effects attributed to the host's response. Then the etiological agent is the same for both the primary and secondary tuberculosis.

Clinically, most of these cases are found in adults. Oftentimes such patients show evidence of having had the secondary lesions for some time prior to consulting a physician. This suggests that reinfection actually may be earlier than we think. Whether or not the patient acquires an immunity during and after the primary complex is a moot question, but it seems certain that some degree of protection is bestowed in or upon the tissues.

It is probable that such protection (commonly called "immunity") does wax and wane. As a result of circumstances, the disease more often appears in adults, but age is unimportant from the pathological viewpoint. I once performed an autopsy on an infant twenty-one days old who died of pulmonary tuberculosis. The child was delivered from an active tuberculous mother who died six weeks later. Other than the fact that the mother had large cavities in her lungs, the pathological features in the mother and her child were very similar. Thus, age, etiological agents, and the interval between the infections seemingly are not important in explaining this altered reaction in the host.

In the original sense allergy was used to connote a changed reaction, which certainly exists in the tissues. This is apparent when the reactions of the primary and secondary types are compared in man. Such alterations in tissue response can be produced in animals, but the inflammatory changes and course are not comparable to the degree that the disease is dupli-

cated. So-called adult tuberculosis cannot be duplicated in animals, as compared to man, but the primary runs a more parallel reaction. Yet, the course is substantially different.

Certainly hypersensitivity to tuberculin exists in both man and animals, but the significance of this has invoked much study with resulting differences of opinion. Furthermore, this hypersensitivity has been broken down into two phases: hyperergy and anergy. These latter terms add confusion to the problem. It is impossible, however, to translate any of these states into actual morphological or altered behavior of the host. It has been postulated that hypersensitivity determines the course of the disease, being manifested by necrosis. Yet, all of us know that the extent of the tuberculin reaction is not always proportional to the degree of necrosis. In fact, a marked tuberculin reaction, even with purified derivatives, may be present without evidence of tuberculosis in the patient. The reverse also is said to be true. In addition, repeated doses of tuberculin in animals fail to produce constant changes in the course of the infection. Indiscriminate use of tuberculin, however, is not recommended since it is possible that it may alter the progress of the infection.

In some manner, a single or repeated infection may confer limited immunity, but we are not certain of the exact mechanism. Inoculation of attenuated organisms produces questionable immunity. Judging from the clinical course of the disease and tendency toward healing for a period of time after the primary complex there is little doubt of such immunity, but it is an evanescent phenomenon. Therefore, the time honored concept of balance between allergy or hypersensitivity and immunity has little practical value since we know very little about them. The exact reasons for these altered reactions are not known. Allergy, then, is used in its original sense, i. e., to signify a changed reaction.

Since no basic permanent changes are known to exist in the microorganisms, it becomes evident if we regard this as a reinfection, that the host is faced with many of the same problems as in the initial infection. No enzymes are added and no significant immune bodies are demonstrable. The fact remains that the body tissues have no effective means of killing the bacilli. Faced with these circumstances, the only alternative is to localize the organisms and treat them as a foreign body. This is the essential response or inflammatory change.

Such an objective often is accomplished by surrounding the bacilli with reticulo-endothelial cells. Oftentimes these cells are several layers thick and finger-like processes interdigitate. Later two or more such cells may fuse to form a Langhan's multinucleated giant cell. A reinforced ring of cells is thrown around the microorganisms which often is further reinforced by fibrous tissue around the periphery of the nodule or tubercle. In a nonirritating foreign body such as buckshot, it is easy to localize by a rather thin rim of monocytic cells. Later a fibrous capsule is stretched around it and the mission is completed. But tubercle bacilli are not inanimate objects for they have necrotizing substances called tuberculoproteins. These effects and others must be taken into account. The battlefield has been designated and the contestants chosen. It is a win, lose or draw contest.

Mycobacterium tuberculosis is aspirated into alveoli grouped in small Y-shaped clusters. There is an immediate slight transitory exudative reaction with slight congestion, edema, collection of a few neutrophils which phagocytize the bacilli but these leukocytes are killed and effect little or no damage on the organisms. This might be a scouting foray. Within a matter of hours, reticulo-endothelial cells appear on the scene in increasing numbers. Such cells sometimes are called monocytes but as they cluster about the bacilli their morphology and arrangement change as they lock processes to hem in the irritants. The long axis of each cell parallels the other, roughly at right angles to the mass of bacteria. Nuclei become more open or vesicular. At a glance these cells have a few of the characteristics of epithelial cells and hence are called epithelioid cells. This arrangement is reasonably effective to contain the bacteria but the cells nearest the center phagocytize the bacilli. But these cells and others including fixed tissue cells are killed presumably by the effects of tuberculoproteins. The proteins and other chemical substances in the cell debris are coagulated, and no effective means of removal is available.

This phagocytosis and destruction of cells is repeated many times. The epithelioid cells have enzymes but these cannot destroy the bacilli for they are covered with a waxy capsule as a protective armor. No doubt the microorganisms are damaged to a slight degree which after a time may render them less potent, but still pathogenic. It is certain that a large number of organisms can and do inflict greater damage than a smaller dose. Growth, then, is an important factor, but there are other considerations which determine the virulence. These are not well understood. At this stage of the battle a characteristic lesion is formed which is a tubercle. This consists of a

necrotic center of varying size which becomes dry because the area becomes relatively avascular and very little interstitial fluid is present since the osmotic pressure is greater outside. At the periphery of the necrotic zone a few Langhan's giant cells are present and, beyond this, epithelioid cells. Finally, an indistinct rim of fibrous tissue containing lymphocytes forms the outermost structure. Adjacent tubercles may coalesce to form larger foci. The outcome of disease hinges on many variables which may change from day to day.

Reinfection Tuberculosis as a Clinical Entity

Perhaps many facets of reinfection tuberculosis can be brought into focus by considering a hypothetical case. A patient of any age, usually an adult, has had the primary complex, and is exposed again to the microorganisms. These are aspirated into the alveoli of the lung. If these are scattered more or less uniformly throughout the lung as has been proposed, then we are at a loss to explain the reasons for the habitual location in the apices of the lungs, often behind the clavicle. A time honored explanation is that these so-called inactive areas favor growth of bacteria while the more active portions eliminate the etiological agents with a minimal reaction which is not recognizable. None of these ideas clearly explains these locations which are known facts. Wherever the tubercle bacilli grow in any sizeable numbers, a tubercle forms. Very likely they first appear as discrete tubercles. Each expands and the adjacent ones coalesce to form lesions of varying sizes. Often these are first recognized on x-ray examination long before physical signs are detectable. Early tuberculosis has few clinical signs, often diagnosable by x-ray so that it is seen but not readily heard. Future behavior of the lesions depends upon many factors such as growth, immunity and hypersensitivity, but none of these is well understood. Virulence of the bacteria is thought to be important but this merely confuses the issue as virulence is an expression of the potential ability of microorganisms to produce disease. None of these component reactions can be measured in animals as the disease cannot be duplicated in them. Then there are many other variables in the host's response that complicate the picture. Discovery of these missing links of knowledge may serve as a stepping stone to its control. Without question the behavior of tuberculosis resolves itself into a battle between the *Mycobacterium tuberculosis* and the host with varying results and reactions in the body cells.

If the host's response is that of a rapid and marked proliferation of epthelioid cells, we speak of a hyperplastic tuberculosis. On theoretical grounds this form of defense should be favorable to the host, leading to healing, but the tide of battle may change at any time. Should this type of resistance be sustained, there is very little doubt that healing would occur, and the bacilli permanently damaged. Even they might be killed or contained within the tubercles in such a manner that growth is arrested and finally would die of "old age." No doubt this does happen. Unfortunately these ideal conditions are infrequent because the bacteria, in their will to survive, manage to offer a better fight.

Oftentimes the encounter between the host and the invaders ends in a draw. While the bacilli may be localized within tubercles, both must remain on guard. Eventually there may come a time when one gains an advantage. If it be the bacteria, there is a spurt of growth followed by extension of necrosis. The host's defenses form a secondary line of cells. Such lesions have a caseous center surrounded by few epithelioid cells with a capsule of fibrous tissue. This is a fibrocaseous tuberculosis. The components of the tubercles often vary in amounts and proportions in different circumstances.

The anatomical structure of the lung is such that a sizeable focus of necrosis often extends into or erodes a bronchiole or blood vessel. In such an instance, the microorganisms are freed from the tubercle, including the caseated debris, by enzymatic action. Cavitation (which will be discussed under a separate heading) results. Growth and spread of the tubercle bacilli are again brought into focus.

It is a common belief that lymphatic dissemination within the lung is the more common pathway. This seems improbable as these channels often are sealed by fibrous tissue at the periphery of the tubercles. Local extension of the bacteria is accomplished by expanding necrosis with budding areas from the original lesion. In essence this is a retreat of the body's defenses. This erosion into a bronchiole provides an anatomical or natural passage for the bacteria. These bacilli in the bronchiole are reaspirated, usually into adjacent alveoli, producing another cluster of tubercles that may again coalesce. This may lead to destruction of an entire lobe or a portion thereof.

If the number of bacilli in the bronchial tree is large, there may be varying numbers of tubercles in all portions of the lungs. On the other hand, if the dose is not large, millet seed are

produced in all lobes to produce a pulmonary miliary tuberculosis that may not be fatal. But these organisms gain entrance to the blood as small clusters, miliary tubercules are widespread in many organs, resulting in a generalized miliary tuberculosis. In my experience this is not common even in advanced tuberculosis, since the blood vessels and lymph channels often are obliterated around and near a tubercle.

Advanced tuberculosis with cavitation often results in large doses of bacilli in the bronchial tree, widespread aspiration of the bacilli, and a tuberculous pneumonia often leading to death. This is the mode of exit in many severe or advanced cases of tuberculosis. When conditions are such that caseation necrosis is the predominating pathological change, then it is a caseous tuberculosis. As tuberculosis advances, if it does, sooner or later caseation becomes more conspicuous with or without a tuberculous pneumonia. Every focus of pulmonary tuberculosis starts as a focal pneumonia, followed by tubercle formation. But in a large dose the lungs are literally flooded with the bacilli producing a widespread pneumonia. This is the concept of tuberculous pneumonia. Such a state of affairs is conducive to rapid progress of the disease which sometimes is called "galloping consumption." It is rather strange to note the absence of pneumococcal and other coccal infections. I have never seen a pneumococcal pneumonia in a patient with active tuberculosis, terminal or otherwise. No doubt it may occur.

The chief route of dissemination of *Mycobacterium tuberculosis* in the human lung is the bronchial tree with aspiration into alveoli where new focal reactions are formed. Often a so-called tuberculous bronchitis is present since tubercles are seen in the walls and in the interstitial tissue surrounding the bronchi and bronchioles. This does not indicate a lympatic spread for the bacilli are phagocytized into or through the wall from the lumen. Larger bronchi as a rule are not involved unless the numbers of bacilli are large. This existence of bacilli in the bronchial tree constitutes an "open" tuberculosis, and it may be continuous or intermittent. Clinical evidence of it is dependent upon the identification of the microorganisms in the bronchial secretions or sputum which may be difficult even from cultures or animal inoculations because the organisms may be few and far between. This "open" tuberculosis indicates that a tubercle, or clusters of tubercles, has or have opened into the bronchiole or some part of the bronchial tree, and this of necessity leads to cavity formation.

Cavity Formation and Healing

By definition a cavity is a hollow place. Such a designation often is used by clinicians and based on radiographic changes when, in reality, no actual cavity exists. Any sizeable area of caseation necrosis surrounded by closely packed cells and fibrous tissue will give shadows suggesting a cavity. To produce a cavity, it is obvious that the caseated debris must be removed, at least in part. This can be by excavation through a connection to the bronchus. But caseated material is granular and will not fall out readily, especially through a small opening. Therefore, it is imperative that it be softened or liquefied by enzymatic activity before it can enter the bronchioles. Neutrophils constitute a rich source of enzymes needed in this instance, but they have little chemotactic attraction to the caseated debris containing tubercle bacilli. On the other hand, neutrophils are markedly chemotactic to most cocci.

Cocci of different kinds are present in the bronchioles, but will come to lie on the surface of the caseated material. Thus the neutrophils are attracted to the contaminating cocci, release their enzymes which, in turn, soften and liquefy the caseated debris. But this caseated material is nibbled at until a sizeable cavity is formed, and some of the debris remains at the periphery as a ragged surface. This allows the bacilli to dribble into the bronchioles. Such a lesion may be the source of "open" tuberculosis for a long time. If the fibrous wall is rigid and the center hollow, it resembles a hollow rubber ball. It seems improbable that a cavity can be formed in any other manner. It is difficult or impossible for neutrophils to pass through the wall of a tubercle which they do not do without marked chemotaxis.

The tubercle is relatively avascular with little interstitial fluid in it and this closes another potential source of enzymes. Furthermore the liquefied debris, if such is accomplished, would be difficult to remove through a thick wall, especially a fibrous one. Therefore, it is clear that most cavity formation precludes a connection to or an erosion of a tuberculous area into the bronchial tree, usually a bronchiole. Such cavities may be large or small.

Healing denotes all phases of the body's repair process. Most parenchymatous cells do not regenerate rapidly, especially in face of a necrotizing pathological process. Therefore, most cells filling a defect are connective tissue cells. During their active growth these tissues require considerable blood, grow as knob-like projections

and produce a granular texture. For this reason, this repair material at this early stage is granulation tissue. This leads to a scar. This repair tissue will not invade nor grow into an area until that area is rendered innocuous for otherwise the cells would be damaged or killed. In the case of tuberculosis this debris contains bacilli for the most part, and requires its removal before healing will proceed. All of the debris is not easy to remove.

Adequate blood supply is necessary for growth of any tissue, including granulation tissue. This is hard to provide in a cavity, especially when the fibrosis is marked at the periphery. Therefore, it seems improbable that all these obstacles will be removed when a large area of caseation exists or when there is a cavity with a thick fibrous wall. Such a cavity is hard to collapse even with collapse therapy. Pleural adhesions plus interstitial fibrosis further handicap this process. If this line of reasoning is correct, lesions as described above rarely, if ever, completely heal. Only small tubercular lesions or cavities up to about 1 cm. in diameter with a vascularized wall are in a position to completely heal.

Pathological Changes Following Chemotherapy

Many chemotherapeutic agents have been used as adjuncts in the treatment of tuberculosis. No doubt such therapy is beneficial, but it has not been as dramatically successful as similar therapy in other bacterial infections. My observations on resected lungs following such treatment indicate a few changes. The tuberculous lesions tend to be fewer and more circumscribed. At times such areas show a caseous center with very few epithelioid cells at the periphery, and many times the fibrous tissue is laid down in concentric rings as a rather sharply defined capsule. In a few instances the caseation necrosis is seen extending through this wall as a narrow channel with a clover leaf cluster of tubercles projecting out from this opening. Histological examination reveals a paucity of epithelioid cells around this necrotic material. I am at a loss to explain or evaluate these observations. One can postulate that the small doses or inoculations in the lung tissue fail to gain a foothold while the larger ones produce sizeable tuberculous foci. Such chemical agents are present or have access to the organisms only during the active inflammatory phase, but as the bacilli are being localized with the concomitant avascularity, the therapeutic agents are barred as the interstitial fluid is reduced. A similar situation exists in cavities. Chronic lesions are less likely to benefit from such therapy. These statements are not intended to condemn this type of therapy.

Conclusions

If the pathological changes are analyzed up to this point, it is clear that a host's initial response to an irritant follows a stereotyped pattern to all bacteria in the same or closely related family. This has been shown in primary tuberculosis in which the response is similar to that of other related microorganisms such as the coccus. On the other hand, a trained response may be more varied as demonstrated in secondary tuberculosis in which the host exercises more latitude to accomplish its objectives. Not all these responses are favorable to the patient for some of them signal failure.

In general, necrosis is evidence of damage and, if extensive, it may herald a bad omen for the patient. On the other hand, proliferation of epithelioid cells and fibrosis are considered favorable changes to the host. The time honored classification of tuberculosis into hyperplastic, caseous, fibrous and fibrocaseous is merely an expression of these variants based on the anatomical changes up to the time of the observation. These changes may occur without notice of the patient or attending physician. This unpredictable variation in response accounts in part for the treachery of tuberculosis. Thus it is better in most circumstances to avoid the infection whenever possible.

As indicated in the opening paragraph, this paper represents an attempt to reacquaint the reader with the basic pathology and morphology of tuberculosis. It is a story of tuberculosis from the pathologist's viewpoint. There are certain phases of the disease in man which are not clear. It follows, then, that these uncertain facets of this important disease need further study.

Pulmonary Manifestations of Some Systemic Diseases

(Lupus Erythematosus, Polyarteritis Nodosa, Scleroderma, Erythema Nodosum and Sarcoidosis)

Harold S. Pettit, M. D.

The Author

- **Harold S. Pettit, M. D., Clinical Professor of Radiology, Medical College of South Carolina, Charleston, S. C.**

It is probably presumptuous for a radiologist to discuss a group of diseases that are more in the province of medicine than in radiology. In all except two of these, the radiological contribution is minor. Still we must be aware of the pulmonary lesions that may occur. Because the changes are nonspecific the radiologist must be thoroughly familiar with the clinical aspects of these diseases. They are becoming more and more a problem in routine practice and little is known about them in general. We would be particularly interested in finding some radiological variation peculiar to these diseases that would help make the identification of the particular syndrome.

In studying the chest x-rays of patients with collagen diseases it is difficult to determine which changes are due to the primary disease *per se* and which are due to the complicating infections and edema.

Four of the five systemic diseases I will mention are in the collagen category. The fifth, sarcoidosis, is a granuloma of unknown etiology. It may be a virus disease, but this has not been definitely established.

Systemic Lupus Erythematosus

Localized or chronic discoid lupus erythematosus is generally a benign disease but a connection has been established between it and the acute disseminated variety. Some cases of chronic discoid lupus erythematosus have been seen to progress into the acute state, and some cases of the acute disseminated form have gone into remissions and presented the localized form. As in the other collagen diseases the basic lesion is one of fibrinoid degeneration of the connective tissue.

The classical case of acute disseminated lupus erythematosus is generally not difficult to recognize. The patient is a young female who has suddenly become acutely ill. There is high fever, prostration and a butterfly erythema involving the cheeks and extending over the bridge of the nose. There is a marked arthralgia. There may be a pericardial or a pleural friction rub with or without effusion. The liver, spleen and lymph nodes may be palpably enlarged. There is a leukopenia with a count between 2,000 and 3,000. The differential count is essentially normal, but there are usually no eosinophils. The sedimentation rate is grossly elevated and the lupus erythematosus test is positive. The urinalysis may be normal or it may show microscopic hematuria, casts and albuminuria. The subacute form differs from the acute only in the rapidity of onset and severity of symptoms.

According to Haserick[1] there is a lupus erythematosus diathesis. The person has a peculiar sensitivity to infection. She has had a long period of low grade chronic ill health during which time she was neither sick enough to be bedridden, nor well enough for normal activities. Almost invariably the patient has been under prolonged tension or has shown definite psychotic manifestations. He states that the most common component of the lupus erythematosus diathesis in his series was the past history suggestive of rheumatic fever, rheumatoid arthritis, glomerulonephritis, or Raynaud's phenomenon. Tightness of the skin around the mouth is another valuable clue.

The average clinical picture is about as follows:

The skin lesions may vary from discoid to diffuse erythematous reactions. In some patients only the scars of a previous discoid reaction will be apparent.

Joint involvement has been reported in from 20 per cent of the chronic disseminated cases to

85 per cent of the acute disseminated. Many cases are initially misdiagnosed as rheumatoid arthritis. The joint spaces show no change on physical or x-ray examination, or there may be bone or joint changes that are typical of fulminating rheumatoid arthritis.

Various murmurs, changeable ECG patterns, and a gallop rhythm are common. Nonbacterial verrucous vegetations, most commonly found on the mitral valve, occur late in about one-third of the cases.

Nausea, vomiting, diarrhea and cramping abdominal pains are not infrequently encountered.

The blood is nearly always abnormal. There is an initial anemia, leukopenia and eosinopenia. Incidentally, this is likely to change to an eosinophilia after treatment with cortisone. Plasma proteins are abnormal. The most prominent change is the markedly elevated gamma globulin but there is sometimes also a marked elevation of the alpha and beta globulins. The lupus erythematosus phenomenon should be present. Albuminuria, hematuria and casts are common.

Dyspnea, bronchopneumonia, pleural and pericardial effusions, congestive failure and pulmonary edema all may be encountered in this disease. Changes in the pulmonary parenchyma are more commonly the result of secondary infection than involvement by lupus erythematosus, but various authors have described what they considered specific findings in this disease. Thorell[2] described mottling and streakiness, mainly subpleural and more marked in the bases. In his cases there was usually pleural thickening, often with small pleural effusions. Similar findings, however, occur with protein hypersensitivity, acute glomerulonephritis, rheumatic pneumonitis, dermatomyositis, scleroderma and rheumatoid arthritis. Barden and Cooper[3] emphasize the increased permeability of vessel walls as the cause for the x-ray signs. They described patchy or massive pulmonary edema. The usual appearance according to them is that of massive, fluffy shadows extending outward from each hilum in symmetrical fashion, the periphery of the shadows blunting the adjacent aerated lung. In less severe cases they describe small subpleural shadows, again without definite margins. Miliary lesions also have been reported occasionally.

Obviously the specificity of radiological signs in this disease is open to question, to say the least, but the possibilty of a disseminated lupus erythematosus should be seriously considered when there are diffuse or fluctuating pulmonary infiltrations, or basal fibrosis with thickening of the pleura, or pleural effusion in the course of an otherwise unexplained illness.

Periarteritis Nodosa

Periarteritis nodosa resembles lupus erythematosus in the vagueness and range of symptoms. It is primarily a disease of the young or middle-aged male. The basic lesion is an inflammatory necrosis, beginning in the media of a medium or small-sized artery, spreading to involve the entire thickness of the wall. It heals by granulation. Scar formation leads to the development of aneurysms or stenosis of some of the vessels.

Most observers feel that the disease is due to an extreme degree of vascular allergy. This has been supported by the work of Rich[4] but the whole concept has been disturbed by the work of Zeek[5]. She recognizes two types of necrotizing periarteritis. That seen with hypersensitivity is called hypersensitivity angiitis. She feels that in the other true periarteritis nodosa, the lesions tend to occur at the bifurcation of muscular arteries near their sites of entrance into the viscera. In experimental work with rats, she did not find involvement of the pulmonary vessels, and veins were involved only by direct extension from an artery. In hypersensitivity angiitis there was no predilection for sites of bifurcations of the vessels and the lesions were commonly found at the portal vein, in the lung and in the spleen. We intend to ignore this problem in division until it has been more satisfactorily resolved.

Almost any clinical picture may appear, but in general, the patient is seriously ill with fever, leukocytosis, and evidence of involvement of any organ or combination of organs. Eosinophilia is listed by Harris as occurring in 19 per cent of cases, and it has been reported as high as 77 per cent.[8] Death may occur at any time, due to rupture of a vessel, gangrene, or failure of a vital organ. Duration is from a few months to two years. An occasional patient lasts even longer.

In reviewing 108 cases, Gruber[9], in 1925, found only four with pulmonary changes. Sweeney and Bagenstoss[10], in 1949, reported pulmonary involvement in eight of twenty-eight cases, or 28 per cent. Harris, Lynch and O'Hara found the pulmonary incidence to be 25 per cent. Autopsy findings in patients with periarteritis nodosa have varied widely. The typical lesions have been found in the small and medium sized pulmonary and bronchial arteries. Hemorrhage and fibroblastic proliferation have been seen about some of the bronchi. Infarctions with subsequent cavitation or secondary infection have

also been found. Zeek may place all of these cases in the category of hypersensitivity angiitis.

In reviewing the literature, we have found all types of pulmonary changes listed as occurring with periarteritis nodosa. The following table from Doub, et al, illustrates the variations of the x-ray findings in periarteritis nodosa:

1. Moderate or pronounced hilar enlargement.
2. Slight accentuation of bronchovascular markings.
3. Extensive areas of paravascular and parenchymal infiltrations with some general increased density in the central area.
4. Frank pneumonic consolidation.
5. Apical infiltration resembling tuberculosis.
6. Batwing infiltration.
7. Irregular nodular infiltration.
8. Cardiac enlargement.
9. Pleural effusion, but this is relatively uncommon.

Pulmonary symptoms rarely will dominate the clinical picture, and there is no typical roentgenographic change when pulmonary involvement does occur. The diagnosis must depend upon the general clinical picture, and biopsy of the skin, muscle or lymph nodes. When pulmonary changes are found, the prognosis is even worse than usual.

Scleroderma

Goetz[13] has advocated changing the name of this disease to 'progressive systemic sclerosis' because of the usual co-existence of multiple skin and visceral lesions. It is a disseminated collagen disease. Pagel and Treip[14] have suggested the term viscerocutaneous collagenosis for those cases in which a differential diagnosis among dermatomyositis, progressive dispersed sclerosis and disseminated lupus erythematosus is impossible. They feel that dermatomyositis and scleroderma are different stages of the same disease. The microscopic picture is that of a hyaline degeneration with simultaneous fibrous proliferation. Skin and visceral parenchymal cells become ischemic and undergo degeneration. Skin changes and Raynaud's phenomenon are generally the first manifestations of the disease. This is followed by constitutional symptoms including malaise, myalgia and arthralgia. A few cases have been reported in which the first manifestation of the disease was due to pulmonary involvement.

The lungs will show evidence of the disease in somewhat less than 50 per cent of cases. Boyd, Patrick and Reeves[14] reported a pertinent abnormality in the chest films of 44 per cent of their cases. The predominant change was found to be an interstitial-like infiltrative process in the central portion of both bases. This process tended to clear partially and then recur, with increased distribution upon each recurrence. As the disease progressed the lung lesions became more widely spread and a more definite and prominent progressive fibrotic component became readily recognizable. Getzowa[15] described two types of pulmonary disease. The first was cystic sclerosis, characterized by hyalin degeneration of the alveolar walls in some areas of the lung, causing the capillaries to disappear. As the hyalinized walls became thin and ruptured, they gave rise to cysts in the subpleural region, which were usually epithelialized. The second form was compact pulmonary sclerosis, developing particularly in the bases, with diffuse alveolar wall fibrosis and the obliteration of capillaries and of alveolar spaces.

Spain and Thomas[16] described bronchial involvement leading to bronchiectasis. They felt that damage to the musculo-elastic layer of the bronchial tree interfered with the maintenance of the caliber and tonus of the bronchus, leading to bronchiectasis. Early in the typical case with pulmonary involvement, there is a slight diffuse network or accentuation of the bronchovascular markings in the bases only. As the process advances the fibrosis becomes more prominent and the lower two-thirds of the lung fields may be involved. Nodular areas of fibrosis also may be seen. In one of our cases, there was extensive fibrosis without contraction, limited to the right upper lobe. This patient also had changes in the esophagus that were indicative of scleroderma, and the diagnosis was first suggested by the x-ray department after an upper G-I series.

As would be suspected from the roentgenological and microscopical changes, ventilation of the lungs and gas exchange are both impaired. Diffuse peribronchial fibrosis and obstructive emphysema, and involvement of the muscles of the thorax and the diaphragm diminish breathing capacity. Widening of the alveolar septa, thickening of the blood vessel walls, and obliteration of the vascular lumina all interfere with gas exchange.

Weiss, Stead, Warren and Bailey[17], in 1943, first reported on involvement of the heart in scleroderma. They reviewed the records of nine patients with scleroderma who had signs and symptoms of heart disease. In three of these patients cardiac symptoms preceded changes in the skin by as much as two years. Six of the nine had had chest x-rays and in all there was cardiac enlargement, varying from a moderate to a marked degree. The heart was triangular in shape and the contractions weak. The enlargement was generalized with no predominance of any chamber. These were the changes seen in one of our recent cases, a woman suspected of

having mitral stenosis by her referring physician. X-ray examinations suggested the diagnosis of myxedema or of pericardial effusion. In all of them there was an increase of pulmonary markings, this being more pronounced in the lower lobes. At times these at first were felt to be due to bronchiectasis or lipoid pneumonia. The cardiac lesions consisted of scars involving the myocardium, extending to the epicardium and endocardium only secondarily and then to a slight degree. There was no particular relationship of these lesions to the arteries. The sequences were interpreted as a primary overgrowth of fibrous tissue with secondary destruction of the other myocardial structures.

Other roentgenological studies may be of considerable help in establishing the diagnosis. The esophagus frequently is involved. It may be smooth and rigid due to fibrosis of the wall, but more commonly there is contraction near the cardia with mild dilatation and atony of the wall of the esophagus above this. Peristalsis is lacking and emptying time is considerably increased. This may be missed if the esophagus is not examined with the patient in the horizontal position.

In the hands the soft tissues are apt to be swollen with a loss of fascial planes. Bone absorption begins in the tufts of the phalanges and gradually moves proximally. Various joints may show changes that are typical of reumatoid arthritis.

Scleroderma must be kept in mind, and the other signs and symptoms of the disease looked for in patients whose chest films show bilateral basal fibrosis. The disease should be even more strongly suspected when in addition to the bilateral basal fibrosis there is generalized cardiac enlargement. However, in the vast majority of instances the presence of the disease should be suspected by the time the chest x-ray is made.

Erythema Nodosum

This disease has been characterized as a nonspecific inflammatory reaction to a variety of bacterial, toxic and chemical agents. The most constant lesions have been painful, nodular, erythematous lesions of the shins and forearms, frequently accompanied by joint pains and malaise. Without these changes, the diagnosis is extremely difficult, but we have had two cases in which the disease was present and ignored by the patient until undue hilar adenopathy was noted on routine chest examination. When the patients were asked to submit to a general physical examination, and did so, the diagnosis was established. One patient was a medical student and the other a student nurse. Neither had felt that the cutaneous manifestations were worth notice. Erythema nodosum is, at present, generally considered to be a hypersentitivity disease of systemic nature. At first, the Scandinavians dominated the literature and they felt that the disease was related to tuberculosis. The British concurred in this. In New England, rheumatic fever was under considerable suspicion, and infection with the beta hemolytic streptococcus was practically condemned as the etiological factor. From California, we had reports emphasizing the remarkable association of erythema nodosum with coccidioidomycosis. Observers at the Mayo Clinic were impressed by the frequency of erythema nodusum in patients with ulcerative colitis. Various writers have postulated the importance of sarcoidosis and therapeutic drugs, particularly sulfathiazole, bromides and iodides.

The one constant physical finding is the subcutaneous lesion which begins as a firm, tender nodule 1 to 2 cm. in diameter. Subsequently, edema and erythema, soon followed by a bruised appearance, develop in the overlying skin. These lesions are typically found over the anterior aspects of the legs and on the forearms, the pressure areas. Their presence is necessary for the definite diagnosis of erythema nodosum. The typical lesion on the shin occasionally measures 4 to 6 cm. in diameter and lasts a week or longer. Local trauma undoubtedly is a predisposing factor in the development of the subcutaneous lesions, and this probably accounts for the appearance of the lesions over the shins and on the ulnar surfaces of the forearms. Arthralgia is a common finding, and it is occasionally accompanied by swelling and redness in the regions of the joints. A dusky red discoloration of the skin around the mouth was present in one of our cases.

According to Favour and Sosman[18], erythema nodosum usually is a self-limited disease of from one to five weeks' duration. Attacks may smoulder on in a subacute stage for three to nine months and, occasionally, for years. In this latter group, patients have intermittent symptoms of the disease and attacks have been recorded as long as twenty years after the initial episode.

It is estimated that in approximately one-half of the cases of erythema nodosum the chest x-ray will be entirely negative. In a large percentage of the remainder, there will be only accentuation of the bronchovascular markings or a nondescript infiltration. In a few cases there will be a striking bronchial adenopathy as opposed to the bronchial and mediastinal adenopathy seen in sarcoidosis. This is illustrated in one of our

cases, that of a 19-year-old student nurse having a routine chest examination. There was marked bilateral hilar adenopathy. The bronchi stood out as a clear zone between the enlarged nodes and the mediastinum. This girl had had a few symptoms of erythema nodosum to which she had paid no attention, and re-examination of the chest six weeks later showed a perfectly normal roentgenogram. The adenopathy had completely subsided. The subcutaneous lesions had lasted approximately ten days.

This type of adenopathy occurs in only about 20 per cent of cases of erythema nodosum but, when present, is so peculiarly indicative of the disease that we feel entirely justified in suggesting the diagnosis of erythema nodosum, this diagnosis, of course, being subject to confirmation by skin examination.

Sarcoidosis

Sarcoidosis is a generalized disease. Practically no tissue of the body escapes involvement. However, it may be discovered when only one system is affected. While the diagnosis may be made when there is involvement only of the skin, the eyes, or the peripheral lymph nodes, the patient in 85 per cent of cases of sarcoidosis eventually will show pulmonary or mediastinal signs of the disease.

Sarcoidosis is found throughout the world but the highest reported incidence is in the southeastern part of the United States. It is seventeen times more common in the colored race than in the white, but the highest incidence among whites is also in the southeastern part of the United States. It does not appear to be contagious.

The basic microscopical lesion is the round, non-caseating, granuloma which has a tendency to cluster in the region of small lymphatic channels. Healing occurs by process of sclerosis in which the granuloma is gradually transformed into a relatively accellular mass of hyaline material. The lesions may be microscopic or they develop into a massive granulomatous conglomeration. In the process of resolution thickening of the reticular network with advancing fibrosis to hyalinization is the rule. The characteristic microscopic picture is an essential part in the establishment of the diagnosis of sarcoidosis, but it must be remembered that a variety of conditions may produce a reaction identical with that of sarcoidosis. This is the sarcoid lesion as opposed to the disease, sarcoidosis. The sarcoid lesion is a nonspecific altered tissue reactivity which may be caused by a great number of agents, especially, to mention a few, tuberculosis, leprosy, histoplastomisis, Hodgkin's disease, beryllium granulomatosis, asbestosis, and regional enteritis.[19]

The disease now is frequently discovered before there are constitutional symptoms, and when they are present they are generally of a mild nature. These are low grade fever, lassitude, minor dyspnea and cough.

The course of the disease is completely unpredictable. Many patients recover completely. At one time it was felt that the most common initial lesion was that of the skin but the increasing use of the chest x-ray examination has uncovered so many unsuspected cases of sarcoidosis that it is now felt that the pulmonary lesion is the most common primary one. Death is rarely due to sarcoidosis itself. It is only when sarcoidosis involves the heart, the brain or the kidneys by direct invasion, or when there is a cor pulmonale secondary to pulmonary fibrosis that the uncomplicated disease proves fatal. When death does occur it is generally due to some superimposed infection. At one time tuberculosis was felt to be a very common eventual complication, but it now seems that tuberculosis develops in less than 25 per cent of cases.

When sarcoidosis does involve bone it rarely affects the periosteum, so bone pain is extremely uncommon. Polyarthritis has been so seldom reported in cases of patients with sarcoidosis that when it does occur it probably is due to a coincidental separate disease.[20]

Films of the hands and feet sometimes are helpful in diagnosis but definite changes have been so rare in our experience that we no longer suggest them.

The pulmonary changes are extremely variable and they are as unpredictable as the course of the disease itself. Mediastinal and hilar adenopathy are to be expected in 85 per cent to 90 per cent of the patients in some stage of the disease. This adenopathy is almost always bilateral. With adenopathy alone the patient may be asymptomatic or there may be cough, lassitude, and a low grade fever. Miliary lesions are considered by some to be the most common form of early involvement of the pulmonary parenchyma. The miliary lesions have the greatest tendency to resorb. The lungs may become clear in two months or it may be as long as ten or even twenty years before clearing is complete. Nodular lesions, dense and well defined, may be widely scattered throughout both lung fields. A definite type of pulmonary infiltration may extend in a fan-like fashion from one of the hila. This

is generally associated with adenopathy. There may be patchy and confluent areas of consolidation. All of these forms of infiltration may coexist and may be present in variable degrees. They may regress, remain stationary or progress from one form to the other. The change need not be uniform throughout the lungs. In one part the lesions may be progressing and at the same time lesions in another part of the lung may be undergoing resolution.

The linear form of infiltration is the one most likely to persist and to produce fibrosis. In this group, the patient is apt to have moderate dyspnea, cough, fever and an occasional small hemoptysis. Vital capacity may be diminished. Extensive diffuse infiltrations may produce crippling emphysema and cor pulmonale. Cyanosis, while not common, may occur.

Large accumulations of sarcoid lesions are commonly found in the subpleural areas, but involvement of the pleura itself is rare and pleural effusions are definitely unusual.

While the diagnosis of sarcoidosis never can be made with absolute certainty from the x-ray examination of the chest, a very strong likelihood of the presence of sarcoidosis is indicated in a reasonably well patient with bilateral hilar and paratracheal adenopathy, with or without parenchymal infiltration, and in the reasonably well patient with miliary or extensive nodular infiltration of the lungs. When these changes are produced by other diseases the patient is obviously ill. Diagnosis of sarcoidosis should not be made with unilateral hilar adenopathy, although it is reported. Miliary or massive confluent consolidation may disappear completely, but fibrotic, emphysematous, and bronchiectatic changes will persist to embarrass the patient.

I realize that I should have included rheumatoid arthritis and rheumatic fever and omitted sarcoidosis to make this disease one of the pulmonary manifestations of collagen diseases, but I am particularly interested in sarcoidosis. It is a common disease in Charleston County, South Carolina. On first glance at the chest film, one's impression is that the patient is suffering from a severe disease. It is with a feeling of relief and some pleasure that we learn that the diagnosis of the relatively benign sarcoidosis has been established.

Summary

In summary, the pulmonary lesions seen in lupus erythematosus and periarteritis nodosam are highly varied and nondescript. If the radiologist is the first to suggest the possibility of either of these two diseases he has had unusual inspiration and the referring physician has been dozing. About one patient in five with erythema nodosum will show an unusual type of hilar adenopathy that should suggest the true diagnosis to the roentgenologist. In slightly less than 50 per cent of cases of scleroderma there will be bilateral basal fibrosis but in almost all of the cases the diagnosis should have been made earlier and this is only confirmatory evidence. In 85 to 90 per cent of cases of sarcoidosis thoracic adenopathy or pulmonary infiltration that is nonspecific by itself will be found but when these findings are correlated with the clinical evidence, sarcoidosis should be the first probable diagnosis.

References

1. Haserick, V. R., & Long, R.: Systemic Lupus Erythematosus Preceded by False-Positive Serological Tests for Syphilis. Presentation of Five Cases, Ann. Int. Med. 37:559-565 (Sept.) 1952.
2. Thorell, I.: Pulmonary Changes in Cases of Disseminated Lupus Erythematosus, Acta. Radiol. 37:8-16 (Jan.) 1952.
3. Barden, R. P., & Cooper, D. A.: Peripheral Vascular Diseases in the Lungs, J. A. M. A. 137:584-588 (June) 1948.
4. Rich, A. R.: The Role of Hypersensitivity in Periarteritis Nodosa, Bull. Johns Hopkins Hosp. 71:123, 1942.
5. Zeek, P. M., Smith, C. C., & Weber, J. C.: Studies on Periarteritis Nodosa, III. The Differentiation between the Vascular Lesions of Periarteritis Nodosa and Hypersensitivity, Am. J. Pathol. 24:889-917, 1948.
6. Harris, A. W., Lynch, C. W., & O'Hare, J. P.: Periarteritis Nodosa, Arch. Int. Med. 63:1163, 1939.
7. Arkin, A.: A Clinical and Pathological Study of Periarteritis Nodosa, Am. J. Pathol. 6:401, 1930.
8. Elkeles & Flynn: Serial Roentgenograms of the Chest in Periarteritis Nodosa as an Aid in Diagnosis, Brit. J. Radiol. 17:368, 1944.
9. Gruber, B. A.: Survey on Periarteritis Nodosa, Klin. Wchnschr. 4: 1972-1976 (Oct.) 1925.
10. Sweeney, A. R., Jr., & Bagenstross, A. H.: Pulmonary Lesions of Periarteritis Nodosa, Proc. Staff Meet. Mayo Clinic 24:35, 1949.
11. Doub, H. P., Goodrich, B. E., Gish, & J. R.: The Pulmonary Aspects of Periarteritis Nodosa, Am. J. Roentgenol., Rad. Therap. & Nuc. Med. 71:785.
12. Goetz, R. H.: Progressive Systemic Sclerosis (Generalized Scleroderma) with Special Reference to changes in Viscera, Clin. Proctol. 4:337-392 (August) 1945.
13. Pagel, W., & Treip, C. S.: Visceroeutaneous Collagenosis, J. Clin. Pathol. 8:1, 1955.
14. Boyd, J. A., Patrick, S. I., & Reeves, R. J.: Roentgen Changes Observed in Generalized Scleroderma. Report of Sixty-Three Cases, A. M. A. Arch. Int. Med. 94:2 (August) 1955.
15. Getzowa, S.: Cystic and Compact Pulmonary Sclerosis in Progressive Scleroderma, Arch. Pathol. 40:99-106 (August) 1945.
16. Spain, G. M., & Thomas, A. D.: Pulmonary Manifestations of Scleroderma: Anatomic-Physiologic Correlation, Ann. Int. Med. 32:152-161 (Jan.) 1950.
17. Weiss, S., Stead, E. A., Jr., Warren, J. V., & Bailey, O. T.: Scleroderma Heart Disease, Arch. Int. Med. 71:749-776, 1943.
18. Favour, C. B., & Sosman, M. C.: Erythema Nodosum, Arch. Int. Med. 80:435-453 (Oct.) 1947.
19. McCauthey, E. W.: Sarcoidosis, J. Kansas Medical Assoc. 54:470, 1953.
20. Davis, Martin, & Crotty: Sacoidosis Associated with Polyarteritis, Ann. Int. Med. 4:1098, 1952.

Cancer of the Larynx

Sobisca S. Hall, M. D.

ETIOLOGY

Cancer of the larynx occurs more frequently in the sixth decade of life but it is found in a significant number of older and younger persons. The factors predisposing to malignant degeneration are unknown and the diagnosis of premalignancy is exceedingly difficult. Therefore all questionable lesions of the larynx must be closely and frequently scrutinized and accurately diagnosed.

Putney[1] feels that the principal laryngeal lesions that should be classified as premalignant are keratosis, cancer in situ, salivary gland tumor and papilloma. Keratosis involves a wide variety of epithelial changes. Grossly the lesion may appear benign and yet contain a nidus of malignant cells. A whitish plaque may be raised slightly above the surrounding surface or may resemble exudate on a vocal cord. The lesion may be irregular or smooth and may be limited to a small area or spread over almost the entire endolarynx.

Cancer in situ may occur in normal cords within sites of keratosis, or in benign appearing papillomata or polyps. The malignant cells may remain noninvasive and limited to the epithelium for years or they may penetrate the basement membrane within weeks. In speaking of cancer in situ, one must maintain a sane and scientific attitude because of the "Pandora's box of troubles" opened by one's imagination. The lesion ranks among the most controversial subjects in the field of cancer, both clinically and pathologically. According to a widely accepted definition it is considered to be a pre-invasive carcinoma of the epithelial surfaces, that is, a localized cancer. The term itself was originated by Broders for abnormalities of epithelial cells having such well known characteristics of malignancy as undifferentiation, irregularity of size and shape, hyperchromatism and loss of cell polarity but not showing invasion of the basement membrane or surrounding tissue. Other terms for this peculiar state of affairs are surface cancer, noninvasive potential cancer and incipient or intra-epithelial cancer. Cancer in situ has been characterized as a state in which the change is still cytologic rather than histologic; that is the cells individually are malignant but they have not developed disorganization like malignant tissue. To some pathologists a noninvasive cancer is a contradiction in terms since they feel that the term 'cancer' includes invasiveness as a feature. In their opinion cancer in situ has to be regarded as precancerous yet it can be argued with equal logic that all cancers must at some point begin as noninvasive lesions.

The Author

• **Sobisca S. Hall, M. D., Clarksburg, W. Va.**

In this connection Hopp[2], in a review of the literature and in a personal study of 25 embryos and 2 adults larynges with serial sections of 8 of the embryos and both of the adults, concluded that the epithelium of the larynx differentiates in a definite pattern throughout embryonic life to achieve its adults appearance. This he calls 'physiological metaplasia.' Absence or deficiency of an inhibitor substance which prevents metaplasia from progressing beyond this physiological stage in normal individuals can be a factor in the development of laryngeal carcinoma, a most sobering thought.

SYMPTOMS

Hoarseness is the most common and the earliest symptom, while pain, dyspnea, dysphagia and hemorrhage in time of onset are as a rule late symptoms. Indeed, these late signs must be forestalled if cure rates are to be raised. When inflammatory changes are seen in the surrounding tissue and when the lesion projects irregularly the possibility of malignant tissue is greatly increased and even when microscopic analysis of the biopsy material shows no definite neoplastic degeneration, a lesion which fails to disappear several weeks after the sources of irritation are eliminated probably is malignant.

DIAGNOSIS

Figi[3], states that careful mirror or indirect examination of the larynx and biopsy of the most suspicious areas are important measures in establishing the diagnosis. This is accepted as a uni-

versal truth. Direct laryngeal examination may yield additional information. If the lesion appears malignant, a biopsy report of inflammatory tissue demands further observation and histologic study.

Radiography has been developed to the extent that, in the hands of the most skillful operators, great aid can be given in making an accurate diagnosis.

If extensive biopsy shows only a small noninvasive lesion, conservative treatment may effect a cure but radical surgery is required when spread is identified. Mixed tumors of the salivary gland may occur in the larynx and although some appear benign almost all are regarded as precancerous because they tend to recur, with incomplete removal. All papillomas of the larynx must be regarded as premalignant, even in children. The lesion of course is manifested by single or multiple hyperplasia of the epithelium with or without surface keratosis and when implants are multiple and biopsy of each separate lesion is not possible, all lesions should be removed. I have seen carcinoma develop in a papillomatous larynx after twenty-eight years of so-called 'scalping procedures' and the patient was only 31 years of age at the time the carcinoma appeared.

TREATMENT

The likelihood of cure and the possibility of preserving laryngeal function depend upon the individual surgeon's experience since many lesions now can be adequately treated with essentially minor laryngeal surgery. Thyrotomy, laryngectomy, hemilaryngectomy or partial laryngectomy, pharyngectomy, endoscopy and irradiation now can be utilized in eradicating carcinoma but strict diagnosis and rigid classification are necessary if the prognosis is to be uniformly favorable. Supraglottic laryngeal carcinoma frequently can be managed better through the mouth than by an open procedure because the lesion grows slowly and metastasizes late. Removal by suspension laryngoscopy and electrocoagulation is not hazardous, postoperative reaction is slight, and functional results are satisfactory. Laryngofissure allows excellent visualization of infiltrating glottic tumors, but pharyngotomy may be necessary to expose infiltrating supraglottic neoplasms. Exploration occasionally reveals that total laryngectomy is not necessary. If the lesion is too extensive for safe removal, laryngectomy can be performed at that time with but little added hazard.

Electrocoagulation ordinarily is combined with sharp dissection for wider removal and for prevention of malignant cell grafting. The eschar also seems to delay or prevent the invasion of the respiratory tract organisms into the opened tissues. Experienced laryngologists obtain five year cures in 80 per cent of cases with this method.

Laryngectomy technic is improving constantly. When limited muscle invasion is encountered during dissection, the involved area is immediately coagulated and wide electrosurgical excision still makes effective removal possible. If local spread is known preoperatively, the skin, subcutaneous tissue and anterior muscles can be excised. Postcricoid lesions may require resection of the cervical esophagus and esophageal repair with skin grafts or flaps either immediately or later. A five year survival rate of 60 per cent still can be achieved even in these cases. Palpable unilateral cervical adenopathy necessitates total laryngectomy and unilateral radical neck dissection.

Radiation therapy is done presently when surgery is inadvisable but this story is changing with improved radiotherapy technic. My personal experience includes a fifteen year cure by x-ray therapy in one case. Hemilaryngectomy or partial laryngectomy with skin grafting at the time permits more extensive local excision without voice destruction or airway disruption. Proper management also includes attempts to remove all sources of laryngeal irritation such as excessive smoking, infection and faulty speaking habits. Wide local excision or complete removal of discrete lesions by forceps may produce a complete cure but irradiation is necessary when keratosis extends over an entire vocal cord or onto the wall of the ventricle. Radiologists state that approximately 2500 r is sufficient to irradiate the lesion and will not cause permanent radiation damage to adjacent areas.

Lathrop[4] and others found carcinoma of the larynx present in 42 of 171 cases in their series. A number of the patients had been advised to undergo total laryngectomy but elected to have radiation therapy instead. In 10 of the 42 cases there was cervical metastasis. Surgical excision of the neoplasm with recurrence of the carcinoma before administration of two-million volt Roentgen ray therapy had been performed in 9 cases, or 21 percent, of the 42. Two-million volt Roentgen ray therapy was administered in 2 cases in 1949, 8 in 1950, 8 in 1951, 6 in 1952, 12 in 1953, and 6 in 1954. Thirty-eight of the 42 patients are alive and four are dead. Of the 38 patients still living, one has radionecrosis of the hypopharynx and persistence of disease following two courses of supervoltage radiation; one has questionable

TRANS WORLD AIRLINES
TWA

ACHROMYCIN*

Tetracycline *Lederle*

in the treatment of

respiratory infections

January and his associates[1] have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

Each month there are more and more reports like this in the literature, documenting the great worth and versatility of ACHROMYCIN. This antibiotic is unsurpassed in range of effectiveness. It provides rapid penetration, prompt control. Side effects, if any, are usually negligible.

No matter what your field or specialty, ACHROMYCIN can be of service to you. For your convenience and the patient's comfort, Lederle offers a *full* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection—defends the patient—hastens normal recovery. For severe or prolonged illness. Stress formula as suggested by the National Research Council. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

For more rapid and complete absorption. Offered only by Lederle!

dry-filled sealed capsules

[1]January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.

Lederle

LEDERLE LABORATORIES DIVISION

AMERICAN CYANAMID COMPANY

PEARL RIVER, NEW YORK

*REG. U. S. PAT. OFF.

PHOTO DATA: 4X5 VIEW CAMERA, F5.6, 1/25 SEC., EXISTING LIGHTING AT DUSK, ROYAL PAN FILM.

recurrence; six have required total laryngectomy following radiation for persistent or recurrent disease. One patient treated with radiation for recurrent disease following excision of a postcricoid carcinoma and at present not exhibiting evidence of recurrence, has mild postradiation changes of the spinal cord which, however, do not prevent her from working. Thus, 30 patients are alive and without evidence of recurrence following two-million volt radiation treatment of the original lesion, or of recurrent disease of the larynx.

Early intrinsic carcinoma of the larynx is curable. Speaking personally, although I recognize and am familiar with some of the later proposed classifications of cancer of the larynx, intrinsic and extrinsic lesions are basic classifications. Most of the intrinsic carcinomas, if found early, will respond to the simplest measures. The extrinsic lesions, of course, present most formidable problems because there may be a long latent period with no physical evidence to alert the patient or physician.

Let me sound a warning for all time against satisfaction with present achievements and blindness to the possibilities of future developments by recalling the imperishable although reflective prophecy of the famous French surgeon, Baron Boyer, who, over a hundred years ago, declared that surgery had reached almost if not actually the highest degree of perfection possible.

Peer[5] states that some investigators and some clinicians believe that surgery has about reached the end of its effectiveness as a means of eradicating cancer. These observers hold that the cancer cell is a sick cell and that its uncooperative behavior may be altered, or that the cell itself may be destroyed by changing its chemical or biological environment. This is not to say necessarily that cancer will be cured by a pill, or an injection, or an embryological hormonal gland transplant. The implication is clear, however, that our approach must be through new channels of thought since the present forms of therapy have distinct limitations, all of which applies also, of course, to carcinoma of the larynx.

I hope that we are on the threshhold of a cure for cancer of the larynx which will be certain in every case and that this cure can be effected without the slightest loss of function of this marvelous organ.

References

1. Putney, F. J.: Borderline Malignant Lesions of the Larynx, Arch. Otolaryngol. 61:381-385, 1955.
2. Hopp, E. S.: The Development of the Epithelium of the Larynx, Laryngoscope 65:475-499, 1955.
3. Figi, F. A.: Carcinoma of the Larynx and Its Present Day Management, Ann. Otol., Rhinol. & Laryngol. 44:136-148, 1955.
4. Lathrop, F. D.: Two-Million Volt Radiation Treatment of Malignancy of the Head and Neck, Laryngoscope 65:568-578.
5. Peer, L. A.: Plastic and Reconstructive Surgery XV, Editorial, pp. 438-439.

Education For Tomorrow

Our tuberculosis associations have been committed by tradition and practice to wide dissemination of information about the White Plague. This they must continue to do, but today there is one area in which they must work even more intensively than ever before, that of medical education.

As the more easily detected instances of clinical tuberculosis become fewer, the "hard core" cases will increase proportionately. It will be essential that the associations focus the attention of medical students and their teachers alike on this fact: these difficult cases will need special technique and methods for proper handling. We must not allow them to fall into the error of equating frequency with importance, of assuming that the student's time does not have to be concerned much with learning about tuberculosis because he will see few people with tuberculosis.

The student must be taught that he will see many with tuberculosis if he will but look among the patients whom he serves for other medical problems. He must appreciate that tuberculosis will seldom be the cause of a patient's seeking medical attention but will often appear as a complication of some other factor impelling the patient to consult a doctor.

Students need to know more than mere facts about tuberculosis; they need to learn how to apply these facts and they must be encouraged in the development of attitudes towards the disease. They must learn of tuberculosis as a relapsing disease whose victims are saved from dying only to acquire a chronicity necessitating life-long medical care and supervision.—Sydney Jacobs, M. D., in Bulletin, NTA.

The Incidence of Emotional Illness in Coal Miners In West Virginia*

(Preliminary Report)

Ralph H. Nestmann, M. D.

In recent years, the role that the emotions play in the etiology, management and treatment of various diseases has commanded increasingly the interest and attention of doctors in almost all fields of medicine. There has been a considerable change in the attitude toward the emotional disturbances accompanying various diseases, and the need for detecting, evaluating and dealing with these disturbances is more widely realized.

In the writer's own practice of internal medicine, the detection of functional diseases has assumed increasing importance, although detection has posed a problem because of the personal lack of specialized training in psychiatry. Fortunately the Cornell Medical Index-Health Questionnaire appeared and lent itself to use in the prompt recognition of emotional illness. The Questionnaire also helped greatly in detecting and, especially, in quantitating the emotional illness. What its use revealed in a study of 151 coal miners examined by the author during 1954 seems worthy of report.

In the event that some physicians are not acquainted with the Cornell Medical Index-Health Questionnaire (hereinafter referred to as the CMI), a brief explanation seems in order. It is a self-administered questionnaire. It consists of 195 questions phrased in a style sufficiently simple that a poorly educated person can understand them. Each question is answered by circling "yes" or "no". The questions are divided into 18 lettered groups—each group for a different body system, mood and feeling pattern, and miscellany. Complete descriptions are available under 'References' 1-7. Brodman[4] and associates have studied more than 20,000 CMI's (5,121 in the report dated July 1952) filled out by patients admitted to the wards and outpatient departments of the New York Hospital.

The Author

• Ralph H. Nestmann, M. D., Charleston, W. Va.

According to its authors[8] the Questionnaire is useful because it is time saving for the physician, gives him a preliminary survey of the patient's complete medical problem, and facilitates oral interview. It is more easily reviewed than conventional medical histories, gives fuller meaning to seemingly isolated symptoms, and helps integrate psychiatric information into the diagnostic picture. The CMI indicates areas in which evidence of disease is apt to be found. Since the data are categorized and easily reviewed, the physician can formalize and discipline his intuitive approach to diagnosis.

With the CMI there is available the "Diagnostic Sheet". When this is filled out properly, the presence, absence, or degree of psychoneurosis is apparent immediately.**

After using the CMI and the Diagnostic Sheet for some months in selected cases, I decided to use it routinely in evaluating the cases of all new patients.

In my experience, the CMI has proven a reliable and most expeditious guide in the appraisal of functional disease. Previously, some of the patients were treated for organic illnesses which were not their major problems. Later, when they were seen again due to a second referral, and when the CMI was used, the true nature of their illness was evident.

In the author's practice, the CMI has proved to be a reliable adjunct for measuring mental health. This fact has been verified by a competent psychiatrist called in consultation in many

*(Ed: This is a revision of the paper presented before the annual meeting of the Potomac Chapter of the American College of Chest Physicians, at the Greenbrier, White Sulphur Springs, October 7, 1955).

**"Any of the following is presumptive evidence of an emotional disturbance:
"A syndrome of yes responses clinically suggestive of an emotional disorder.
"Thirty or more yes responses in the entire CMI.
"Yes responses in ten or more sections of the CMI.
"Four or more yes responses on the last page of the CMI (Sections M-R).
"Four or more questions not answered, answered by both yes and no, or changes or remarks written in by the patient."

of the severe cases. Psychiatric consultation has also been used when indicated clinically from a diagnostic or therapeutic standpoint (mild cases were not referred).

In 1954 it seemed wise to study a group of coal miners—active, retired, or sick—referred to me by the United Mine Workers Union Welfare and Retirement Fund Area Medical Office. One hundred fifty-one miners were examined. Their ages ranged from 29 to 74 years; the median age was 53, and the mean was 52.2 years. The miners, all outpatients, first answered the CMI. Each then received a complete physical evaluation, including a full case history and physical examination, complete blood count, erythrocyte sedimentation rate, blood serology, hematocrit, chest fluoroscopy, electrocardiogram, urinalysis, vital capacity or, more recently, maximal breathing capacity, and chest film, as well as any other indicated studies or consultations.

All of these miners were referred for somatic complaints generally relative to the chest. No attempt had been made to differentiate respiratory, cardiac, gastro-intestinal-esophageal, neurological, and psychosomatic symptoms. A few patients were hospitalized if the initial or subsequent examination indicated the need for special care.

As examinations were made and the CMIs were studied, a host of neurotic symptoms appeared. Many patients with psychoneurosis had been treated for organic diseases on the basis of their psychoneurotic complaints. Emotional illness was prevalent: Of the 151 patients, 140 probably had emotional illness as judged by the criteria given in the CMI Diagnostic Sheet. Of the 140, 85 probably were severe psychoneurotics, or borderline psychotics, but as will be seen in Table 1, 33 were moderate psychoneurotics, and 22 were mildly psychoneurotic.

Table 1
DEGREE AND INCIDENCE OF EMOTIONAL ILLNESS

	Psychotics	B-L Psychotics	Severe P. N.	Moderate P. N.	Mild P. N.
Number	6	6	73*	33**	22
Per Cent	4.3	4.3	52.1	23.6	15.7

*Includes one mental defective. **Includes one cerebral arteriosclerosis. P.N. is for psychoneurosis. B-L for borderline.

With two exceptions, psychiatric consultation was requested only for patients shown by the CMI to be severe psychoneurotics. The exceptions were the mental defective mentioned in Table 1 and a schizophrenic discovered, not by means of the CMI, but because of the disparity between his symptoms and the objective findings. Thirty-three of the miners have been seen by a psychiatrist.* Every patient referred for psychiatric evaluation proved to have emotional disturbances. The psychiatric diagnoses in this study were made by the psychiatrist, not the author.

If all of the 73 severe psychoneurotics had been examined psychiatrically, other classifications probably would be assigned some of them. The patient was referred for psychiatric interview when there was a question as to which disability, the organic or the emotional, was the more incapacitating, when the author needed help in managing the case, or when there was a possibility that the patient could be helped by a psychiatric approach.

In so small a series of cases, it was surprising to find 6 psychotic and 6 borderline psychotic patients. This represents a rather high incidence of severely disturbed individuals who are circulating freely in our society. The question of whether or not this free circulation is desirable does not come within the scope of this paper.

Many organic ailments also were detected (Table 2) through the physical examinations.

Table 2
DISEASES FOUND

Disease		*No. of Patients*
Psychoneurosis		140
Psychotics	6	
Borderline psychotics	6	
Pulmonary emphysema		62
Bronchitis (chronic)		58
Silicosis		43
Coronary sclerosis		28
Benign prostatic hypertrophy		19
Orthopedic conditions		16
Eosinophilia, cause unknown		15
Hypertension		13
Leukoplakia		11
Lues		9 (1?)
Tuberculosis, inactive		7
Ascariasis		2
Hydrocele		2
Pilonidal cyst		2
Hemorrhoids		5
Eye pathology		5
Rheumatic heart disease, inactive		4
Obesity		3
Tuberculosis, active, pulmonary		3
Arteriosclerosis, generalized		3
Hematuria		2
Rectal stricture		2
Varicose veins		2
Cardiac hypertrophy		2
Hypothyroidism		2 (?)
Gallbladder disease		2
Nasal septal deviation		2
Bronchial asthma		2 (?)
Peptic ulcer		6
Bronchiectasis		6
Diabetes mellitus		5 (2?)
Myocardial infarction		5
Bradycardia		4

*T. S. Knapp, M. D., Charleston, W. Va., formerly Superintendent, Spencer State Hospital, Spencer, W. Va.

One case each of: Congestive heart failure, pulmonary cystic disease, keloid, lymphocytosis, testicular atrophy, Parkinsonism, chronic otitis media, pulmonary fibrosis, bursitis, cerebral vascular accident, nasal allergy, sinusitis, prostatitis, postoperative laryngectomy, ulcerative bronchitis, pneumonitis, epidermoid horn, nasal polyps, postoperative chest tumor, healed histoplasmosis, lymphocytic chorio-meningitis, virus pneumonia, glandular tuberculosis (bronchial), deafness, varicocele.

It is interesting to note that emotional disturbances were the most prevalent disorders found, and that the total of the first two organic diseases listed is smaller than the total of the emotional illnesses.

It is evident from the diseases listed that each patient averaged more than one disease entity (3.4 diseases per patient). Only six of the 140 (including the psychotic and borderline psychotic group) had emotional illness without any associated organic disease. This should be emphasized inasmuch as some of us are guilty of passing off as functional something that could be organic. Certainly there is considerable evidence that organic illness is more apt to be present along with an emotional illness than without it.

In many cases, the author was asked to pass on the ability or inability of the patient to perform manual labor, i.e., coal mining. Many more of those examined were found to be disabled because of emotional disease rather than organic disease. There were many situations in which it was difficult, if not impossible, to define and delineate clearly incapacity due to one disease. From time to time it was most helpful to get psychiatric aid at this point. [To cite a case: What degree of disability and which disease is more incapacitating in a 53-year-old miner with a moderately severe psychoneurosis, obesity (100 pounds or more overweight) and bronchiectasis of the posterior basal segment of the left lower lobe with hemoptysis?] To insist that all of the decisions were right and that the various aspects were always properly balanced is to suggest infallibility. An honest attempt was made in each case and when too much confusion existed, consultation was obtained.

When organic disease was found, therapy was ordered. When organic disease coexisted with emotional illness, the organic disease was treated as usual, but the patient was given what support the author could. Those who were approachable psychiatrically were advised to utilize that discipline. Two were given shock therapy (one electro-shock, one insulin sub-shock). The great majority, however, were unable to understand their problems, or the symptoms were so deeply fixed that treatment other than supportive was considered unwise. In any instance in which there was a question regarding this phase, consultation was obtained.

The CMI has been devised to assist the physician by focusing his attention on the various body systems so that further and special examinations may be made. Although the CMI was not used in this manner in the present study, a tabulation was made to see how helpful such an analysis could have been. The test was called "helpful" if 2/3 of the final diagnoses were suggested from an analysis of the CMI, "partially helpful" if ½ of the diagnoses were suggested from an analysis of the CMI, "very little help" if less than ½ of the diagnoses were suggested, and "failed" if none was suggested (Table 3).

Table 3

DEGREES OF USEFULNESS IN DETECTING ORGANIC DISEASES

	Helpful	Partially Helpful	Very Little Help	Failed
Number	90	33	23	5
Per Cent	59.6	21.9	15.2	3.3

Had the CMI been used in the manner planned by its authors, a study of the answers would have assisted in making the diagnoses found in 4/5 of the cases. This alone should be enough to indicate its merit.

A somewhat similar survey, in which the psychiatric aspects were studied more thoroughly, was reported recently. A number of patients apparently incapacitated with chest complaints were referred for complete appraisal. Whether organic disease was present or not it was found that emotional factors were important. This group of 40 patients was studied extensively, while hospitalized, by Ross[9] and others who found that 5 (12.5%) had physical disability without psychiatric disease; 14 (35.0%) had psychiatric disease but no physical disease; 21 (52.5%) had both physical and psychiatric disease.

As this limited study of coal miners has progressed and as the author has seen a few CMI's filled out by private patients and patients receiving public assistance, he has been greatly impressed by the probable high incidence of severe and frequently disabling psychiatric illness in the private (UMW) and public welfare groups. The organically sick welfare patient who does not have emotional disease seems to be the exception. Occasionally one finds a disease previously existent, but now being treated or under control, with a neurotic overlay that makes the patient incapable of self-support. A study of 100 to 500 of these public welfare pa-

tients should prove most interesting, and arrangements for such a study have been made.

Another question is whether or not the incidence of psychoneurotic illness is as high in the small mining town among those who do not get to the "specialist's" office some miles away (from 2 to 130) as among those whom the author saw in his office. Such a study is being considered.

Yet another question unanswered is whether or not the hazardous life the coal miner leads increases the incidence of functional disease.

And, finally, is emotional disease as prevalent among a rural population, e. g., farmers, as it is among a coal town's population?

Summary

1. The Cornell Medical Index-Health Questionnaire has proved to be a helpful and reliable guide in evaluating the total patients, especially in detecting the functional elements of the problem, and in indicating their relative severity.

2. In 151 consecutive cases studied completely, it was found that there was a high incidence (92 per cent) of emotional ailments.

3. In 95 per cent of cases, organic diseases were associated with the functional illnesses.

4. A greater proportion of disability was due to psychiatric illness than to organic illness, although frequently the degree of disability due to each element was difficult to fix.

5. There are unanswered questions relating to the true incidence of emotional disease in the general as well as in the special populations (e.g., coal miners, recipients of public assistance) and to the etiology, early recognition, and methods of therapy compatible with the trained persons available to administer it.

References

1. Brodman, K., Erdmann, A. J., Jr., Lorge, I. & Wolff, H. G.: The Cornell Medical Index: An Adjunct to Medical Interview, J. A. M. A. 140:530-534 (June 11) 1949.
2. Brodman, K., Erdmann, A. J., Jr., Lorge, I., & Wolff, H. G.: The Cornell Medical Index-Health Questionnaire II as a Diagnostic Instrument, J. A. M. A., 145:152-157 (Jan. 20) 1951.
3. Brodman, K., Erdmann, A. J., Jr., Lorge, I., Gershenson, C., & Wolff, H. G.: The Cornell Medical Index-Health Questionnaire III. The evaluation of Emotional Disturbances, J. Clin. Psychol. 8:119-124 (April) 1952.
4. Brodman, K., Erdmann, A. J., Jr., Lorge, I., Gershenson, C., & Wolff, H. G.: The Cornell Medical Index-Health Questionnaire IV. The Recognition of Emotional Disturbances in a General Hospital, J. Clin. Psychol. 8:289-293 (July) 1952.
5. Erdmann, A. J., Jr., Brodman, K., Lorge, I., & Wolff, H. G.: The Cornell Medical Index-Health Questionnaire V. Outpatient Admitting Department of a General Hospital. J. A. M. A. 149:550-551 (June 7) 1952.
6. Brodman, K., Erdmann, A. J., Jr., Lorge, I., & Wolff, H. G.: The Cornell Medical Index-Health Questionnaire VI. The Relation of Patients' Complaints to Age, Sex, Race and Education. J. Gerontology, 8:339-342 (July) 1953.
7. Erdmann, A. J., Jr., Brodman, K., Deutschberger, J., & Wolff, H. G.: Health Questionnaire Use in an Industrial Medical Department, Industrial Med. and Surg. 22:8:355-357 (August) 1953.
8. Brodman, K., Erdmann, A. J., Jr., Lorge, I., & Wolff, H. G.: Manual: Cornell Medical Index-Health Questionnaire, Cornell University Medical College, revised, 1953, p. 8.
9. Ross, W. D., Miller, L. H., Leet, H. H., & Princi, F.: Emotional Aspects of Respiratory Disorders Among Coal Miners, J. A. M. A. 156:484-487 (Oct. 2) 1954.

Aging Under Optimal Conditions

As with what is called cerebral arteriosclerosis, the aging changes in the heart can be imitated by vitamin deficiency and endocrine imbalance. Until all these possible causes or potentiators of dysfunction have been treated or completely excluded, it is improper to put the blame on involutional change.

Just as a mind which might continue to function adequately in a calm home, with old friends and affectionate relatives, will seem to disintegrate in a hospital, a nursing home, or a psychiatric ward, so a heart which would give no trouble on a good diet and in a tranquil person rapidly fails during periods of social or family stress, with diets high in sodium and low in watersoluble vitamins.

Aging of the heart or mind do least damage and progress very slowly when the individual lives under optimal conditions, and the manifestations seen under other situations can be corrected and further symptoms prevented when the patient receives and accepts sound and optimistic advice.—Bulletin, New York Academy of Medicine.

Biopsy of the Lung and Pleura

Otto C. Brantigan, M. D.

In dealing with diseases of the lungs and pleura, as with any disease condition, the primary concern is accurate diagnosis. It should be recognized that a diagnosis may be either clinical in nature or an irrefutable diagnosis based on certain specific laboratory tests, or it may be of a histologic nature based on a study of tissue.

A clinical diagnosis is based on a complete history, a careful physical examination, and laboratory tests that eliminate certain diseases from consideration. Thus, a clinical diagnosis often is one of exclusion. The roentgenographic appearance of the chest in many conditions is most helpful, yet it should be understood that one disease may so closely resemble another that a roentgenographic diagnosis, with few exceptions, is a clinical diagnosis. In many fields of medicine the method of clinical diagnosis is of utmost importance and perhaps represents the true art of medicine. It is surprisingly accurate when the clinician handling the case is astute.

For example, in dealing with 345 patients with cancer of the lung, the diagnosis in 42 per cent of cases was made by finding distant metastasis; however, of 186 cases in which the patient was subjected to exploratory thoracotomy, only 15.8 per cent were diagnosed as positive by means of bronchoscopic biopsy before exploration. Therefore, in 84.2 per cent of cases the patient was subjected to thoracic exploration as the result of a clinical diagnosis of carcinoma of the lung[1]. As in the case of carcinoma of the lung, many other disease conditions depend upon a clinical diagnosis for prognosis and treatment.

A positive diagnosis of any primary disease of the lungs and pleura, with the exception of bronchiectasis and perhaps arteriovenous fistula, is based on bacteriologic, cytologic, or tissue study. The bacteriologic diagnosis will be passed over since it is not part of this discussion. The cytologic aspect of lung and pleural disease requires some consideration but cannot be discussed adequately.

Since 1947, all patients suspected of carcinoma of the lung, of which 345 have been studied carefully, had a cytologic examination of the sputum or bronchial aspirations, or both. In the series studied the cytologic examinations were of no practical help. This statement is contrary to the great number of reports on the subject in the literature. However, it is not contrary to many reports that are given by the spoken word. Cytology is an interesting study and should prove to be an accurate method. The cytologic examination still is being made in all cases of suspected carcinoma of the lung. The enthusiasm generally expressed for the procedure makes it a necessary diagnostic study. Many workers gradually are accepting the theory that cytologic examination cannot stand alone, but that it is a help and supports other information in arriving at a diagnosis.

The Author

- **Otto C. Brantigan, M. D., Professor of Clinical Surgery and Thoracic Surgery, University of Maryland School of Medicine, Baltimore, Md.**

The study of pleural fluid for malignant material has been of great assistance[2, 3]. Nevertheless, it should be realized that the study of pleural fluid of malignant disease of the pleura does not present a diagnosis based entirely on cytology. There usually are clumps of cells or acinar patterns that approach true tissue biopsy. In the group of 345 patients with cancer of the lung, twenty-five were found to have pleural effusions from which a diagnosis of malignancy could be made. In tissue biopsy the histologic patterns are so characteristic that a diagnosis can be made with about 99 per cent accuracy when using the permanent tissue sections[4] Of course, it is important for the surgeon to select an area that represents the disease and to furnish the pathologist with sufficient tissue in good condition.

In the study of biopsy specimens relating to diseases of the lungs and pleura, there are several methods by which these may be obtained: (1) bronchoscopy, (2) removal of a specimen from a distant metastasis, (3) "needle biopsy" that should be reserved for carefully selected conditions, (4) aspiration of the pleural fluid and its study and (5) direct removal of tissue

from the lung or pleura. The scope of this paper is limited to the last mentioned method.

A tissue specimen from the lung or pleura for biopsy purposes can be obtained by one of two methods: (1) exploratory thoractomy and (2) simple biopsy of these structures. The conditions and circumstances for their use are entirely different. The two should not be confused.

In an exploratory thoracotomy the patient is prepared for a major operative procedure. Blood in sufficient quantity is made available. Sufficient time in the operating room is reserved. Intratracheal anesthesia is provided, a capable anesthetist is engaged, and a sufficient period of his time is reserved. The time reserved may approach five hours. The chest is opened through an incision large enough to permit exploration and removal of a biopsy specimen of any type of intrathoracic lesion. Often the specimen is obtained by excision of a wedge of lung, a segment of lung, or a lobe of the lung. This is a good diagnostic procedure and perhaps is not used as frequently as it should be. After a diagnosis is made by frozen section study, definitive surgical treatment if indicated can be accomplished before the chest is closed.

There is also another method, the simple pleural or lung tissue excision without exploration. All concerned with the patient must be satisfied with its limited scope. It can be accomplished in a minimum of time with a minimum of preparation. There is no need to arrange for a blood transfusion. It should require no more than one hour of time in the operating room and can be done under local anesthesia. However, there can be no objection to general anesthesia. If general anesthesia is used it must be of the endotracheal type. The incision is a small one. Exploration of the thoracic cavity is not possible. The scope of the operation is limited to obtaining a piece of the diseased lung or pleura for microscopic examination. No definitive surgical treatment can be carried out and no provision is made for frozen section study in the operating room. The chest should be closed without drainage but only after the usual methods of expanding the lung and obliterating the pleural space are followed.

The simple biopsy of the lung or pleura should be used in a carefully selected group of patients: (a) When there is pleural effusion, the true character of which cannot be determined by other means and (b) when there is bilateral diffuse pulmonary disease and the diagnosis cannot be made by other methods. It is evident that in both circumstances the diseases likely to be encountered usually do not require surgical treatment. Nevertheless, an accurate, positive diagnosis will be most helpful in deciding upon the proper therapy.

References

1. Brantigan, O. C., & Hadidian, C. Y.: Cancer of the Lung, American Surgeon 21:851, 1955.
2. Graham, G. G., McDonald, J. R., Clagett, O. T., & Schmidt, H. W.: Examination of Pleural Fluid for Carcinoma Cells, J. Thoracic Surg. 25:366, 1953.
3. Honigman, A. H.: The Significance of Tumor Cells in Serous Effusions, Surg., Gynec. & Obst. 81:295, 1945.
4. Horn, R. C.: The Diagnosis of Cancer, Pennsylvania M. J. 53:966, 1950.

Well Child Supervision

WELL CHILD supervision includes more than feeding instructions and immunizations. Advice concerning the child's growth, development, general behavior, and psychological management is of great importance.

Babies are now better nourished and have deficiency diseases such as rickets, scurvy, and iron deficiency anemia less frequently than in the past because of accessory vitamins and cleaner and more adequate food.

The incidence of infantile diarrhea has decreased. Diptheria and pertussis are less common because of routine immunizations. Children are in better health and have fewer psychological problems when parents are properly instructed in what to expect as their children grow and develop, taking the wide range of normal into consideration, and in good general management based on common sense.

Periodic physical examinations accompanied by discussions with parents are of prime importance for every child for the purpose of detecting disease at an early stage.—Wm. C. Stifler, Jr., M. D., in Maryland State Medical Journal.

Night view of the main entrance to the Greenbrier, where the 89th Annual Meeting of the West Virginia State Medical Association will be held August 23-25, 1956.

The President's Page

Public Relations in Blue Cross-Blue Shield

I TAKE this opportunity to congratulate the Marion County Medical Society and Auxiliary on the recent Public Information program held in Fairmont. Some members of the Society felt that the public was not adequately informed about their Blue Cross-Blue Shield plans. Therefore, on Tuesday night, March 27th, the Society sponsored a panel discussion on Blue Cross and Blue Shield to which the public was invited.

The panel included representatives from the lay public, hospitals, medical profession and the Blue Cross-Blue Shield plans. Questions, answers, and discussion covered information on the operation of the plans and how they affect the hospitals and the community. Criticism by the public, by the hospitals and by the physicians was accepted and discussed.

This attempt to instruct the public on Blue Cross-Blue Shield matters was of sufficient importance to attract not only the attention, but the presence of two past presidents of our State Medical Association, Dr. Russel Kessel and Dr. J. P. McMullen.

It seems that the spotlight of publicity is being focused on Blue Cross, and particularly on Blue Cross rates across the country. This has recently been presented forcefully in the Cleveland and Michigan Blue Cross plans and it seems that some type of control over the cost of hospital care is necessary.

There is nothing really new in this statement; however, a few facts bear repeating. One is that Blue Cross is the life blood of the community hospital; another is that Blue Cross is the best hospital insurance bargain on the market today, because Blue Cross is non-profit and merely passes on the charges set by the hospitals. This is ideal hospital insurance for the average family.

During the past few years hospital costs have continued to rise. Blue Cross Boards are worried because the cost trend is still rising, and that is why the spotlight is being tolerated, and even requested, so that the public may become acquainted with the situation. It has been brought out that a big share of Blue Cross funds goes for unnecessary hospitalization. Who can stop this inexcusable waste? The hospitals and the doctors, perhaps!

I believe that a public relations campaign aimed at informing the public of the important facts would help. Let's tell the public that they must not ask to be admitted to the hospitals just to get x-rays paid for by Blue Cross. Tell them that they must not be admitted at Blue Cross expense just for observation or for convenience.

I do not believe that this is entirely the doctor's business; the well being of the community is everybody's business. We do know that Blue Cross rates already have reached the danger point.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor

WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager

MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

THE UNIVERSITY MEDICAL CENTER LIBRARY

Approximately one year ago an editorial appeared in the *Journal* describing the aims and goals of the Library for the West Virginia University Medical Center, now under construction. At this point it is fitting to report on the steps that have been made to implement the library development and the progress made.

The University was fortunate in obtaining the services of a widely experienced and competent individual, Mr. Alderson Fry, to develop and administer the Medical Center Library. He came to the campus in November 1954, and has his office in the University Library.

Already existing within the holdings of the University Library was a very adequate and functional library in the basic sciences and also in certain areas in the clinical field. It was on this base that the Medical Center Librarian and the Library Committee of the Medical Center have attempted to acquire additional titles for the opening of classes in the new Medical Center in September 1957. Secondly, the librarian and the committee have thought in terms of policy and procedure for obtaining books and periodicals on clinical subjects. Their third main concern has been in matters relating to the furnishing and decoration of the general reading room and the various smaller conference rooms of the library.

Between the librarian's arrival on the campus some sixteen months ago and December 31, 1955 the following have been added to our holdings: 700 new books, and 450 serial and periodical subscriptions. In addition, some 100 titles have been acquired as gifts from groups and individuals, and approximately 950 titles have been obtained as exchanges from other libraries. All titles which are purchased now for the Medical Center Library are paid for out of funds received from the soft drinks tax.

Elsewhere in this issue of the *Journal* is a "boxed item" informing our readers that the Medical Center Librarian would be most happy to receive, as gifts, books and periodicals, or sets of journals that have overgrown the shelves of the home or office. Such material should be sent motor freight (collect) to the Medical Center Librarian in Morgantown.

Since it is a relatively simple matter to send such gifts to the Library, it is hoped that many of our readers will avail themselves of this opportunity to contribute to the Medical Center. An excellent Library will be an integral part of the Medical Center, both for training future physicians, and for adequate background material for research.

It is essential that the Medical Library be of a high quality, since it is an extremely important factor in the development of our Medical Center. Its value cannot be over-emphasized. When the gargantuan Widener Library at Harvard was

constructed, the famous professor of English literature, George Lyman Kittredge, stated that he would accept it, because if every building in the Harvard Yard were to burn down, and the Library spared, there would still be a University.

HR 7225 DEAD OR JUST ASLEEP?

The medical profession owes a debt of gratitude to Mr. Marion B. Folsom, secretary of the Department of Health, Education and Welfare, for his expert testimony before the finance committee of the United States Senate, which conducted open hearings on HR 7225 during February and March.

Mr. Folsom appeared on March 22 as the 101st and final witness before the committee. He voiced strong opposition to two cash benefit provisions contained in the bill that had been passed overwhelmingly last year by the House of Representatives without open hearings.

Mr. Folsom testified for three hours before the committee, and he told the group that he was opposed to two major provisions of the bill: cash payments to disabled workers at age 50; and the lowering of the retirement age for women from 65 to 62. Organized medicine has waged a campaign against these provisions of HR 7225 since it was first introduced in Congress last year.

The medical profession has contended that HR 7225 would, if enacted into law in its present form, severely encroach upon the private practice of medicine in this country.

Mr. Folsom appeared as the official spokesman for the Eisenhower administration and the views he expressed were not only his own but also those of administration stalwarts.

The HEW secretary was one of the pioneers in the Social Security field and has followed its development closely since the enactment of the law in 1935. His opposition to the cash benefit provisions came only after careful study and therefore cannot be construed as politically inspired.

The struggle against the cash benefit provisions will of necessity continue until the final adjournment of Congress this summer, but it is possible that Mr. Folsom has delivered the blow that may well seal the victory for those opposed to a law, the enactment of which would most certainly adversely affect the private practice of medicine in this country.

There is still time for members of the Medical Profession to express their opposition to the enactment by Congress of HR 7225.

HEALTH NEEDS AND THE NEW MEDICAL CENTER

With the population of the United States expected to reach 171,000,000 by 1960, the President's Commission on Health Needs of the Nation estimates that there will be a shortage of 45,000 physicians in this country on the basis of population trends and the rate of licensing of new doctors.

It is not at all heartening, therefore, to find that a nation-wide survey reveals that West Virginia already fails to meet minimum health requirements.

Indeed, the survey shows that West Virginia is one of 14 states with health standards below the minimum. Twenty-two states exceed the minimum and 12 states are on a par with that minimum.

The criteria for determining minimum health is based on the number of physicians, nurses and beds in the state for the population. Experts for the national magazine making the current survey estimate that every 100,000 persons in the state need 143 physicians, 222 nurses and 500 hospital beds to meet basic health requirements.

West Virginia is considerably short of meeting those requirements. The even more discouraging fact is that—like numerous states with large areas not close to urban centers where too many of our physicians, nurses and hospital beds are concentrated—our state faces not only an over-all deficiency problem but, also, a redistribution problem.

The major hope for overcoming health service and facility deficiencies seems to rest upon completing the construction and finding the finances necessary to get the new state university medical school at Morgantown in operation as soon as possible.

But that phrase, "finding the finances necessary," already looms large as a major obstacle in the path of progress toward training young doctors and nurses to meet the state's mounting requirements.

Warnings have been sounded to the effect that even after its construction is completed, the medical school will take more money to operate than is earmarked for that purpose from the soft drink tax which was enacted solely to finance its construction and operation.

It would seem, therefore, that the next state administration and the new Legislature will face a difficult and extremely important problem.

The time to start thinking about it is now.

—The Charleston Gazette.

It seems very fitting to us that one day in each year should be set aside to honor doctors.

DOCTOR'S DAY . . . ONCE A YEAR

Today, March 17, that day is being celebrated on a national scale and it is receiving special attention in Clarksburg.

The Woman's Auxiliary to the Harrison County Medical Society has arranged a Doctor's Day dinner and dance for 6:30 o'clock this evening at the Stonewall Jackson Hotel, and undoubtedly most doctors of the county will be on hand.

The lifetime of a physician, it seems to us, would be a rather difficult experience. There are telephones to answer every hour of the day and night, emergency calls to make, surgical operations which are often difficult, bedside watches for patients on the critical list, etc. We might add, of course, that there are joyous occasions, such as when the seriously ill patient takes a turn for the better or a healthy new baby is brought into the world. But while these occasions are joyful at times, they require extensive worry, hours of diligent work, and sometimes disappointments before the patient's condition turns, sometimes unexpectedly, for the better.

The physician, moreover, is a student every day of the year. He must keep up on the latest developments in medicine and surgery, and that alone requires regular hours of special study. It is all part of the doctor's life.

It is for these things that doctors receive special honors on this date, Saturday, March 17. The Harrison County Medical Auxiliary is to be commended on the program which it has arranged this evening, and we hope that all present have an enjoyable time.

Patients should remember that today is Doctor's Day and they shouldn't telephone asking for their doctor this evening unless it is a serious emergency. Remember, this is Doctor's Day—his one special day of the year.

—Clarksburg Exponent.

AN INVITATION FROM THE AMA

West Virginia physicians and their wives planning to attend the annual meeting of the American Medical Association in Chicago, June 11-15, should make it a point to visit the Association's headquarters sometime during the convention week.

The AMA has issued a cordial invitation to all those attending the convention to join in a tour of the nine-story building which is located at 535 North Dearborn Street. A corps of specially-trained guides will be on duty from 9 A. M. to 4 P. M., Monday through Friday, to conduct visitors through the building.

The headquarters building houses the Association's scientific, socio-economic and administrative offices, including not only offices and meeting rooms but also fully-equipped laboratories, a medical periodical library, a complete printing plant, a film-project room, and a radio recording studio.

All of the activities of the Association, with the exception of the Information office in Washington, D. C., are carried on in the headquarters offices in Chicago.

This is an excellent opportunity for every physician to obtain a close-up of the AMA at work.

Not Much Time To Call Your Own

Are you a $4,500-a-year man who begins work every morning at 8 a. m.? Actually, you don't start "earning your living" until 10:36 a. m.

That report comes from the Kentucky Tax Research Association, which has figured out it takes the average man two hours and thirty-five minutes of each day to pay his taxes, both direct and indirect. The rest of the eight-hour day? "Mr. Average" spends it like this:

For food, one hour, 37 minutes; housing, one hour, 24 minutes; clothing, 36 minutes; transportation, 42 minutes; medical and personal care, 23 minutes; reading and recreation, 20 minutes, and other goods and services, 23 minutes.—J. Michigan St. Med. Soc.

Preventive Safety

Our profession, concerned as it is with treatment of disease, is also interested in prevention when a new disease shows gradual and steadily mounting incidence. Its cause and prevention become a matter of urgent interest. Such a disease now affects the population of our state. It is reckless-driveritis.

It is seen in the acute form in young drivers and the chronic form in those of older age. It may lie dormant for a time and then be subject to acute exacerbation. The cause is wanton disregard of the rights of others and an overweening sense of power. Its prevention lies mainly in educating those who control the mode of transmission of the disease—the automobile. The factor common to the disease and its vector is the driver.

Preventive measures are often long range for their achievement, and once the etiologic agent has been agreed upon, involve education as an implementing means. This method lives within our grasp, requiring only commonsense and support for its fruition.—Detroit Medical News.

GENERAL NEWS

Scientific Program Completed For 89th Annual Meeting

Some of the country's most prominent physicians and surgeons have accepted invitations to appear as guest speakers on the scientific program at the 89th annual meeting of the West Virginia State Medical Association at the Greenbrier in White Sulphur Springs, August 23-25.

The program committee has announced that three speakers will appear on the program at each of the general sessions to be held on mornings during the three-day meeting.

In addition to the speakers at the scientific sessions, Dr. Dwight H. Murray of Napa, California, who will be installed as president of the American Medical Association at the annual meeting in Chicago in June, will pay his official visit to West Virginia during the convention. He will speak before an open meeting of the House of Delegates on Saturday afternoon, August 25.

Symposium on Rehabilitation

The feature of the first general session on Thursday morning, August 23, will be a Symposium on Rehabilitation. The following speakers will appear on the program:

Dr. Donald A. Covalt of New York City, Associate Director of the Institute of Physical Medicine and Rehabilitation, New York University—Bellevue Medical Center.

Dr. Bernard J. Walsh of Washington, D. C., Professor of Clinical Medicine at Georgetown University School of Medicine.

Dr. O. Spurgeon English of Philadelphia, Professor of Psychiatry at Temple University School of Medicine.

Obstetrics and Gynecology Symposium

The second general session on Friday morning will be in the nature of a Symposium on Obstetrics and Gynecology. The program will be presented by the following guest speakers:

Dr. Virgil S. Counseller of Rochester, Minnesota, Professor of Surgery at the Mayo Foundation.

Dr. F. Bayard Carter of Durham, North Carolina, Professor of Obstetrics and Gynecology at Duke University School of Medicine.

Dr. Robert B. Greenblatt of Augusta, Georgia, Professor of Endocrinology at the Medical College of Georgia.

The program committee has announced that there will be a panel discussion, with full audience participation, following the symposiums on Thursday and Friday mornings.

Third General Session

The third and final general session on Saturday morning will feature addresses by the following guest speakers who will discuss topics of interest to specialists as well as those engaged in general practice:

Dr. Clarence S. Livingood of Detroit, Michigan, Physician-in-Charge, Division of Dermatology, Henry Ford Hospital.

Dr. George Crile, Jr., of Cleveland, Ohio, Department of Surgery, Cleveland Clinic.

Dr. Sol Katz of Washington, D. C., Chief of the Division of Pulmonary Diseases at the District of Columbia General Hospital.

Afternoon Meetings

In addition to participation in the general sessions, several of the speakers will present papers at the afternoon meetings of sections and affiliated associations and societies.

All general sessions and afternoon meetings will be held in the Convention unit of the Greenbrier, which is completely air-conditioned.

Detailed plans for the program of the meeting in August will be published in future issues of the Journal. The complete program will appear in the issue for August.

Dr. Richard W. Corbitt of Parkersburg is chairman of the program committee and the other members are Drs. Carl B. Hall of Charleston and George F. Evans of Clarksburg.

Health Education Workshop, June 6

The Fifth Annual Health Education Workshop, sponsored by the State Department of Health, will be held at the Daniel Boone Hotel in Charleston on Wednesday, June 6.

The program, which will have for its theme, "The Citizen Talks Back", will get under way at 9 A. M. with an address of welcome by Dr. N. H. Dyer, State Director of Health.

Mrs. John F. McCuskey of Clarksburg, past president of the Woman's Auxiliary to the West Virginia State Medical Association, will give the keynote ad-

dress, following which there will be several group discussions.

Highlights of the afternoon will include a panel discussion, continued group discussions, and reports from each of the discussion groups.

Topics to be discussed will include community health problems; programs for laymen as well as public health workers; necessity for health education; and the spelling out of lay groups and individuals who should participate in community health education projects.

New Scholarships Committee to Meet

The first meeting of the new Committee on Medical Scholarships will be held at the Daniel Boone Hotel in Charleston on Saturday evening, May 12, at nine o'clock. The spring meeting of the Council is scheduled for the following day.

The new committee was named in 1955 by Dr. Russel Kessel, then chairman of the Council, for the purpose of studying the advisability of awarding four scholarships in medicine to the new school of medicine at West Virginia University. The group was authorized to explore the entire field of scholarships and then report back to the Council.

The committee is composed of Dr. J. P. McMullen of Wellsburg, chairman, Doctor Kessel, Dr. Frank J. Holroyd of Princeton, and Dr. Sobisca S. Hall of Clarksburg. Doctor Kessel, under authorization of the Council, named Drs. McMullen, Holroyd and Hall as members of the committee, and the Council then, at the suggestion of Doctor McMullen, voted unanimously to add Doctor Kessel's name to the list of members.

Dedicatory Ceremonies Planned For New UMW Hospitals

Official dedicatory ceremonies for the ten new UMW hospitals in West Virginia, Virginia and Kentucky will be held at Beckley on June 2.

Dr. Elmer Hess, President of the American Medical Association, will be one of the guest speakers at the ceremonies on the grounds of the Beckley Memorial Hospital. Among the other dignitaries who will participate are John L. Lewis, United Mine Workers president; Dr. Warren F. Draper, Executive Medical Officer of the UMW Welfare and Retirement Fund; Dr. Frederick D. Mott, Medical Administrator of the Miners' Memorial Hospital Association; and Dr. Howard A. Rusk, Professor and Chairman of the New York University Department of Rehabilitation and Physical Medicine.

Mr. Lewis will present a bronze dedication plaque to each of the ten memorial hospitals. These hospitals are located at Beckley, Williamson and Man, West Virginia; Harlan, McDowell, Middlesboro, Pikesville, Hazard and Whitesburg, Kentucky; and Wise, Virginia.

Eight of the UMW hospitals have already been completed, and the new hospitals at Williamson and Hazard, Kentucky, are nearing completion.

AMA Conference and Field Trip In West Virginia, May 4-6

More than 100 physicians have been invited to participate in the Fourth Conference on Medical Care in the Bituminous Coal Mine Area, which will be held at the Daniel Boone Hotel in Charleston on Sunday, May 6. The conference is sponsored by the Committee on Medical Care for Industrial Workers, which is under the direction of the Council on Medical Service and the Council on Industrial Health of the American Medical Association.

Physicians representing the state medical associations of Alabama, Arkansas, Colorado, Illinois, Kentucky, Pennsylvania, Ohio, Oklahoma, Tennessee, Utah, Virginia, and West Virginia will attend the meeting, together with members of the headquarters staff in the various states and UMW Area Medical Administrators.

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, will deliver the address of welcome.

State Report by Dr. J. C. Huffman

Dr. J. C. Huffman of Buckhannon, chairman of the UMW Advisory Committee, will present the report for West Virginia at the morning session. Other members of the committee are Drs. Ray M. Bobbitt of Huntington, Richard E. Flood of Weirton, D. A. MacGregor of Wheeling, Theodore P. Mantz of Charleston, Justus C. Pickett of Morgantown, W. Fred Richmond of Beckley, Everett H. Starcher of Logan, and Charles E. Watkins of Oak Hill. Several of the members are expected to attend the conference.

Dr. W. A. Sawyer of Rochester, New York, chairman of the Committee on Medical Care for Industrial Workers, will preside at the meeting.

Dr. Frank J. Holroyd of Princeton is a member of the committee and will be present at the conference.

Objectives of Conference

The objectives of the conference as set forth by Doctor Sawyer are "to develop better liaison between state medical associations and fund administrators for the amicable resolution of mutual problems stemming from the desire to improve the quality of medical care in the bituminous coal mine area."

The program is designed to give physicians and Fund representatives an opportunity to discuss freely and frankly the problems confronting them in providing medical care for residents of the coal mine areas. Reports will be presented by representatives of the medical association liaison committees of Kentucky, Pennsylvania, Tennessee, Virginia, and West Virginia; the U. M. W. A. Area Medical Administrators; and Warren F. Draper, M. D., Executive Medical Officer of the UMW.

Time will also be allowed for comments from representatives who may be present from other states.

Two-Day Field Trip

Prior to the conference in Charleston on Sunday, a two-day field trip has been arranged through the coal

mining areas of the southern part of the state to enable those attending the meeting to get a first-hand look at the facilities for medical care and the living conditions of the people in this area.

In charge of arrangements for the field trip are Drs. Frank J. Holroyd of Princeton, W. Fred Richmond, Charles W. Merritt, and Deane F. Brooke, of Beckley, and Dr. William H. Riheldaffer of Charleston.

The field trip will include visits to various hospitals in the Bluefield, Princeton and Beckley area, and an inspection of the Pocahontas Show Mine at Bishop, Virginia.

A dinner meeting for the group will be held at the Bluefield Country Club in that city on Friday evening, May 4. Sponsors will be the Mercer and McDowell county medical societies (West Virginia), together with the Tazewell and Giles county medical societies (Virginia). The group will spend Friday night in Bluefield.

The members of the Raleigh, Wyoming, and Fayette county medical societies will be hosts at a dinner meeting Saturday evening at the Elks Club in Beckley.

AMA Host at Luncheon

The group will return to Charleston that night and the conference will be convened the next morning at the Daniel Boone Hotel.

A report of the field trip will be presented at the meeting Sunday afternoon by Dr. Leo Price, Director of the Union Health Center, International Ladies Garment Workers Union, New York City.

A luncheon will be served at the Daniel Boone at noon on Sunday with the AMA as the host. The conference will close at four o'clock Sunday evening with a reception and social hour. The AMA will also be the host at this affair.

Diamond Jubilee for Public Health In West Virginia

The observance of "75 Years of Public Health in West Virginia, 1881-1956" will highlight the 32nd annual State Health Conference which will be held at the Daniel Boone Hotel in Charleston June 7-8. The conference will be held in cooperation with the West Virginia Public Health Association.

Dr. N. H. Dyer, state director of health, will deliver the keynote historical address at the first general session on Thursday morning, June 7, and the principal address at the banquet that evening will be delivered by Dr. Thomas L. Harris of Parkersburg, former member of the public health council.

Doctor Dyer, in reviewing the history of public health in this state, has stated that the first move to establish a state board of health was made in 1875 by West Virginia's first health commissioner, Dr. S. L. Jepson of Wheeling. A resolution providing for the appointment of the board was introduced by him at the meeting of the West Virginia State Medical Association held that year at Pt. Pleasant.

Dr. C. M. Scott New President Of W. Va. Chapter, ACS

Dr. Charles M. Scott of Bluefield was elected president of the West Virginia Chapter of the American College of Surgeons at the annual meeting of that group held at the Greenbrier in White Sulphur Springs. April 13-14.

Dr. Charles D. Hershey of Wheeling was named vice president, and Dr. Kenneth G. MacDonald of Charleston, secretary-treasurer. Drs. Hampton St. Clair of Bluefield, T. Kerr Laird of Montgomery, and W. E. Gilmore of Parkersburg were elected as councillors of the West Virginia Chapter.

Five residents in surgery from West Virginia hospitals attended the meeting and presented papers by invitation.

Doctor Gilmore, the retiring president, presided at the scientific session on Friday afternoon. Three papers were presented at that time.

Dr. D. W. Dickinson and Dr. Harold G. Little, both of Wheeling, presented a paper on "Interesting Surgical and Pathological Aspects of Certain Tumors of the Lung". The second paper, "Surgical Therapy in Diverticulosis and Diverticulitis of the Colon," was presented by Drs. John E. Lutz, Kenneth G. MacDonald and Marion N. Malinowski, all of Charleston.

The final paper on the Friday afternoon program "Gastrointestinal Complications after Steroid Therapy," was presented by Dr. Harry F. Cooper and Dr. Goetz Klein, of Beckley.

A cocktail party for members, their wives and guests, was held in the President Tyler Room that evening.

Dr. Charles M. Scott, the retiring vice president, presided at the Saturday session. He also served as moderator of a panel set up to discuss "Diseases of the Thyroid Gland." Panel members included Drs. Harry F. Cooper of Beckley, Frederick D. White of Bluefield, Lawrence B. Thrush of Clarksburg, and Walter K. Yates of Huntington.

Four scientific papers were presented at the Saturday morning session. Dr. Charles Schnurer of Charleston discussed "Congenital Atresia of the Esophagus and Tracheosophageal Fistula." "Adrenal Tumors" was the subject of a paper presented by Dr. Matt L. Kirkland and Dr. Edward S. Phillips, both of Wheeling. Dr. R. T. Humphries of Clarksburg discussed "Fractures of the Neck of the Femur," and a paper on the "Present Status of Lumbar Sympathectomy," was presented by Dr. Henry Mishalany of Charleston.

The final session of the American Surgical Association, in annual meeting at the Greenbrier, was held on Friday morning. The members of the West Virginia Chapter of the ACS were invited to attend as guests of the Association.

AUTO EMBLEMS AVAILABLE

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

GP Regional Meeting on Allergy At Parkersburg, May 20

A regional meeting of the West Virginia Chapter of the American Academy of General Practice will be held at the Chancellor Hotel in Parkersburg on Friday, May 20, 1956. The entire program will be devoted to a discussion of allergy.

Dr. Leo H. Criep and Dr. Jack D. Myers, of the Department of Medicine and Allergy Section of the University of Pittsburgh School of Medicine, will be the lecturers at the meeting.

Discussion will be broken down into the following topics:

1. Allergic Diagnosis
   History
   Skin Tests.
2. Allergic Management—Specific
   Avoidance
   Substitution Therapy
   Desensitization—Inhalants, Foods.
3. Pediatric Allergy.
4. Nasal Allergy
   Perennial: Recognition
   Management.
   Seasonal Hay Fever: Specific and Non-specific Therapy.
5. Skin Allergy:
   Management
   Urticaria and Angioneurotic Edema
   Atopic Dermatitis
   Contact Dermatitis.
6. Bronchial Asthma—Management in
   (a). Status Asthmaticus
   (b). Between Attacks.
7. Chronic Vascular Headache.
8. The Differential Diagnosis and Treatment of Cardiac Asthma.

There will be two sessions, the first beginning at 9:30 A. M. and the second at 1 P. M.

Formal credit approval has been requested by the Academy.

Cancer Conference in Detroit, June 4-6

The Third National Cancer Conference will be held at the Sheraton Cadillac Hotel in Detroit, Michigan, June 4-6.

The conference, which will be devoted to clinical cancer, will be sponsored by the American Cancer Society, Inc., and the National Cancer Institute, Public Health Service.

The program will consist of a series of symposia on various cancers by site and will constitute a summarization of recent clinical developments in diagnosis and treatment of cancer.

All interested physicians are cordially invited to attend the meeting. An interesting program for wives has been arranged by the host committee.

Copies of the program, advance conference registration cards and hotel reservation cards may be obtained by writing the Coordinator, Third National Cancer Conference, 521 West 57th Street, New York 19, New York.

Committee to Study Salk Vaccine

An eight-member committee has been named by the board of trustees of the American Medical Association to "gather the facts relative to the Salk vaccine and its utilization in the prevention of paralytic poliomyelitis."

In making the announcement, the chairman, Dr. Gunnar Gundersen of La Crosse, Wisconsin, said that the committee's task will be to review and evaluate the current literature relative to the Salk vaccine. A report of the committee's findings will be carried in a future issue of the Journal of the American Medical Association.

Named to the committee were the following physicians: Drs. F. J. L. Blasingame of Wharton, Texas, chairman, L. W. Larson of Bismark, N. D., T. P. Murdock of Meriden, Conn., and Julian P. Price of Florence, S. C., all members of the board of trustees; James P. Leake of Washington, D. C.; Joseph Stokes, Jr., of Philadelphia; Gerald D. Dorman of New York City; and Hugh Hussey of Washington, D. C.

Doctor Murray to Assume Duties As AMA President in June

Dr. Dwight H. Murray of Napa, California, will assume his official duties as president of the American Medical Association at the annual meeting of the AMA in Chicago, June 11-15.

Formal presentation of the presidential gavel to Doctor Murray will be made at the inaugural ceremony Tuesday evening, June 12, in the grand ballroom of the Palmer House. Doctor Murray has served as president elect of the AMA during the past year, and will succeed Dr. Elmer Hess of Erie, Pennsylvania, who is the retiring president.

The new president is editor of California Medicine, the official organ of the California Medical Association.

Doctor Murray will pay his official visit to West Virginia during the 89th annual meeting of the West Virginia State Medical Association at the Greenbrier in White Sulphur Springs, August 23-25, 1956. He will address the final session of the House of Delegates on Saturday afternoon, August 25.

MEDICAL CENTER NEEDS BOOKS

The Library of the University Medical Center would appreciate gifts of medical books (old and new) and back issues of medical journals from West Virginia physicians. These may be sent motor freight collect to Alderson Fry, Medical Librarian, University Library, Morgantown, West Virginia (issues of the J. A. M. A., and Surgery, Gynecology, and Obstetrics are not needed).

If further information is desired, physicians are requested to communicate with Mr. Fry or with Dr. E. J. Van Liere, Dean of the School of Medicine.

Rural Health Conference Committee Arranging 1956 Meeting

A meeting of the joint committee which will arrange the program for the ninth Rural Health Conference at Jackson's Mill is being held at the Stonewall Jackson Hotel in Clarksburg on Saturday, April 21, as the May issue of the Journal goes to press.

The meeting was called by the chairman of the State Medical Association's rural health committee, Dr. Jerome C. Arnett of Rowlesburg. The conference is sponsored annually by the West Virginia State Medical Association in cooperation with the West Virginia Farm Bureau, Farm Women's Council, Agricultural Extension Service, and the State Department of Health. The 1956 program will be arranged by representatives of these groups.

The meeting in 1955 was devoted exclusively to a panel discussion of topics of interest to rural groups in West Virginia, all formal addresses being dispensed with at the conference.

It is indicated by the chairman that the 1956 conference will be held early in October, and full information concerning the program will appear in future issues of the Journal.

Serving with Doctor Arnett as members of the State Medical Association's rural health committee are Drs. Andrew E. Amick of Lewisburg, Deane F. Brooke of Beckley, Robert T. Coffman of Keyser, Martha J. Coyner of Harrisville, Newman H. Dyer of Charleston, Thomas G. Matney of Peterstown, Theresa O. Snaith of Weston, Edward J. Van Liere of Morgantown, and Paul P. Warden of Grafton.

New Nutrition Director Named

Mrs. Marion B. Cornell, district nutritionist attached to the Monongalia County Health Department since 1951, has accepted appointment as director of the Bureau of Nutrition of the State Department of Health. She succeeds Mrs. Rachel Ferguson who resigned to accept employment as nutrition specialist of the University of North Carolina Agricultural Extension Service.

Medico-Legal Group Meets

A meeting of the special committee named by the West Virginia State Bar and the State Medical Association for the purpose of studying the advisability of developing an interprofessional code is being held at Charleston as this issue of the Journal is on the press (April 21).

Governor Homer A. Holt of Charleston is chairman of the group representing the legal profession, and the other members are Messrs. Amos A. Bolen of Huntington, James M. Guiher of Clarksburg, R. Glenn Lilly of Charleston, and Charles A. Tutwiler of Welch.

Dr. Walter E. Vest of Huntington is head of the group representing the medical profession, and the other members are Drs. James S. Klumpp of Huntington, Sobisca S. Hall of Clarksburg, Frank J. Holroyd of Princeton, and Russel Kessel of Charleston. All are past presidents of the West Virginia State Medical Association.

Relocations

Dr. J. S. Grewal, Beckley pathologist and Raleigh County coroner, has moved to Binghamton, New York, to accept appointment as pathologist at Our Lady of Lourdes Memorial Hospital, 169 Riverside Drive. Before moving to Beckley from Binghamton about two years ago, Doctor Grewal designed the laboratory of the hospital where he assumes his duties as pathologist on May 1.

* * * *

Dr. Charles L. Saunders of Welch has moved to Burlington, North Carolina, where he is associated with Dr. John R. Kernodle and Dr. James W. Johnston in the practice of his specialty of obstetrics and gynecology at the Kernodle Clinic, Inc., Graham-Hopedale Road.

* * * *

Dr. David L. Mandry, formerly of Gary, has moved to Ravenswood, where he will continue in general practice.

* * * *

Dr. R. Moore Dodrill, who has been a member of the X-Ray Department of the C. & O. Hospital in Huntington since early in 1954, has accepted appointment as associate chief radiologist at the group of UMW hospitals at Harlan, Whitesburg and Hazard, Kentucky. His headquarters offices will be at Harlan Memorial Hospital.

* * * *

Dr. Fritz Levy, who has served as chief of laboratory service at the VA Hospital in Huntington since 1946, has retired and moved to Silver Spring, Maryland. His address there is Apt. 412, Manchester Gardens, 8110 Tahona Drive.

* * * *

Dr. Michael M. Stump of Philippi has been named physician in charge of the Ceredo Clinic at Ceredo, West Virginia. He assumed his new duties on April 23. Doctor Stump has engaged in general practice at Philippi since 1949, except for his period of service with the USAF, 1952-54. He has recently been serving as secretary of the medical staff of Broaddus Hospital.

* * * *

Dr. Donald G. Hassig of Middlebourne, who is at present enrolled in a basic science course in opthalmology at Tulane University of Louisiana Graduate School of Medicine, New Orleans, has been accepted as a resident in ophthalmology for the next two years at the EENT hospital there. His address is 4431 Perlita Street, New Orleans 22, La.

Spring Meeting of Council, May 13

The spring meeting of the Council of the West Virginia State Medical Association will be held at the Daniel Boone Hotel in Charleston on Sunday morning, May 13, 1956, at eleven o'clock, with Dr. James P. McMullen, presiding.

Several matters of importance are on the agenda for consideration at the meeting.

Full Quota of Applicants Accepted At WVU School of Medicine

Dr. E. J. Van Liere, Dean of West Virginia University School of Medicine, has announced that 31 applicants have been accepted for the entering class in the fall of 1956, as follows:

Anderson, Carl Leslie, Glen Dale
Ashworth, Charles Vincent, Jr., Moundsville
Boscka, David Andrew, Morgantown
Bragg, Arthur Dane, Gilbert
Conley, William Gustavus, III, Charleston
Drasnin, Ronald, Charleston,
Fisher, Gilbert Franklin, Huntington

Gemma, Frank Eugene, Clarksburg
Ghaphery, James Louis, Wheeling
Gibson, Stephen Kermit, Nitro
Gilliland, Robert Lee, Belle
Harman, Janet Rosalee, Harman
Howes, Thomas Martin, Charleston
Hughes, James Thomas, Spencer

Kelley, David Leroy, Moundsville
Kopinski, Joseph Clemens, Scarbro
Martino, Robert Salvatore, Westover
McKown, Charles Henry, Jr., Wayne
McWhorter, William Davis, Clarksburg
Murphy, Eugene Leo, Clarksburg
O'Conner, Robert Darrell, Charleston
Pitsenberger, John David, Huntington
Russell, Donald Eugene, Morgantown

Sayfie, Eugene Joe, Charleston
Schwab, Lowell Wayne, Kingwood
Stovall, Richard Lee, Princeton
Straney, Charles Nicholas, Weirton
Whittaker, William B., Dunbar
Wickham, James Robert, Grafton
Wiley, Conrad Walton, Princeton
Wolfe, Walter Woods, Jr., Parkersburg

Doctor Van Liere announced that 24 of the applicants studied at West Virginia. The seven others come from Marshall College, Concord College, the University of North Carolina, and George Peabody College. All are residents of West Virginia.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

May 13—Council Meeting, Charleston.
May 20—W. Va. Chap. AAGP, Regional Meeting, Parkersburg.
May 20-25—National TB Assn., New York City.
June 4-6—National Cancer Conf., Detroit.
June 7-8—State Health Conf., Charleston.
June 7-10—ACCP, Chicago.
June 11-15—AMA Annual Meeting, Chicago.
July 15—Symposium, Va. and W. Va. Chaps, AAGP. White Sul. Spgs.
Aug. 20-22—Working Conf. on School Health, Jackson's Mill.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Sept. 13-14—W. Va. TB and Health Assn., Beckley.
Sept. 20—W. Va. Heart Assn., Bluefield.
Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8-12—ACS, San Francisco.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

New Pamphlet on "Mechanical Quackery"

The American Medical Association has published a new pamphlet on mechanical quackery to help the public identify some of the devices, gadgets and machines used for so-called "treatments" or "cures" of many diseases.

The pamphlet, which was prepared by the AMA Bureau of Investigation, describes quacks in general, contains photographs and descriptions of ten devices or gadgets, gives the background of some of the more notorious fraud cases, and presents a check list for easier identification of quacks in a local community.

Copies of the pamphlet may be obtained by writing the AMA Bureau of Investigation, 535 North Dearborn Street, Chicago 10, Illinois.

Annual Meeting of State Technologists

Several Harrison County physicians appeared on the program at the eighth annual meeting of the West Virginia State Society of Medical Technologists which was held at the Stonewall Jackson Hotel in Clarksburg, April 20-21.

Dr. John D. H. Wilson of Clarksburg presented a paper at the scientific session held on Saturday morning. His subject was "Radioactive Isotopes in Medicine."

Dr. Herman Fischer of Clarksburg served as moderator of a symposium on "The Importance of Laboratory Procedures in Medical Specialization," held on Saturday afternoon, April 21. Drs. Lynwood D. Zinn, Lawrence B. Thrush, C. S. Harrison, R. S. Wilson, John F. McCuskey and A. Robert Marks, all of Clarksburg, participated in the discussion.

Mrs. Marjorie Plymale, M.T. (ASCP), of Huntington, president of the West Virginia State Society of Medical Technologists, presided at the two-day meeting.

Annual Meeting of SAMA In Chicago, May 4-6

The sixth annual convention of the Student American Medical Association will be held at the Sherman Hotel in Chicago, May 4-6.

A highlight of the three-day meeting will be a panel presentation, "Rx from the Press," which will feature advice on a doctor's professional relations with writers and commentators. Leo E. Brown, AMA Director of Public Relations, will be the moderator, and panelists will include Gilbert Cant, Medical Editor of "Time" Magazine, Robert Goldman, Assistant Managing Editor of "Parade" magazine, Fred Roll, producer of TV's "March of Medicine," and Arthur Snider, science editor, Chicago "Daily News."

Doctors in the Service

Captain J. Emmett Rogers, Jr., (MC), USA, of Charleston has been called to active duty in the Medical Corps of the Army. He is at present stationed at the Army Medical Service School at Fort Sam Houston, Texas.

PROPOSED AMENDMENTS TO THE CONSTITUTION

The following amendments to the Constitution of the West Virginia State Medical Association, offered by Myer Bogarad, M. D., of Weirton, on behalf of the Committee on Constitution and By-Laws, at the annual meeting of the House of Delegates in White Sulphur Springs, August 18-20, 1955, will be submitted to the House for final action at the 89th annual meeting in that city, August 23-25, 1956:

ARTICLE VI

Sec. 1. Amend the section, line two, by striking out the words "Vice Presidents" and inserting in lieu thereof the words "President Elect, Vice President."

ARTICLE IX

Sec. 1. Amend the section, line two, by striking out the words "two Vice Presidents" and inserting in lieu thereof the words, "President Elect, Vice President."

(The effect of the proposed amendments to Section 1 of Article VI and Section 1 of Article IX would be to provide for the election of a president elect and a vice president in lieu of two vice presidents. Should the two amendments be adopted, the president elect and a vice president would sit as members of the Council.)

ARTICLE IX

Sec. 2. Amend the section, lines eight, nine and ten, by striking out the words, "the calendar year next succeeding their election shall constitute the term of the elective officers," and inserting in lieu thereof the words, "the term of the elective officers shall be for the period of one year beginning the day following the last day of an annual meeting and ending on the last day of the next succeeding annual meeting."

(The section now provides that all elective officers shall serve during the calendar year next succeeding their election.)

More Than 100 West Virginians At AAGP Meeting in Washington

The West Virginia Chapter of the American Academy of General Practice was one of the three state chapters cited by the AAGP for outstanding growth in membership during the past year. The second-place award was made at the eighth annual meeting of the AAGP in Washington, D. C., March 19-22.

The meeting was held in the Armory and was attended by more than a hundred West Virginians, including physicians and their wives. The total registration of 7,128 included 3,506 physicians. Members of the West Virginia delegation had accommodations at the Sheraton-Park Hotel.

Dr. J. S. DeTar of Milan, Michigan, was installed as the new president of the AAGP, succeeding Dr. John R. Fowler of Barre, Massachusetts, who has served during the past year. Dr. Malcolm E. Phelps of El Reno, Oklahoma was named president-elect and will be installed at next year's meeting in St. Louis.

Woods School Conference In Indianapolis

The 1956 Spring Conference of the Woods Schools, of Langhorne, Pa., will be held at the Medical Center Auditorium, in Indianapolis, Indiana, May 11-12. The conference is sponsored as a public service by the Woods Schools and held in collaboration with the Indiana University School of Medicine and the State Division of Mental Health.

The theme of the three major sessions will be "Services for Exceptional Children." Further information may be obtained by writing the Woods Schools, Langhorne, Pa.

Large Attendance at Meeting of W. Va. Chapter, AAGP

The Fourth Annual Scientific Assembly of the West Virginia Chapter of the American Academy of General practice drew a total doctor attendance of 350. In addition, the wives of 91 doctors were registered, together with 95 other guests, including representatives of exhibitors. The overall registration was 527.

The meeting was held at the Daniel Boone Hotel in Charleston, April 14-15, and 20 guest speakers presented papers at morning and afternoon sessions. Physicians were present from Ohio, Pennsylvania, Kentucky, Indiana, New Jersey and Tennessee.

Dr. J. R. Jarvis of Van Wert, Ohio, president of the Ohio chapter of the AAGP, and Dr. K. N. McPherson of New Brighton, Pennsylvania, president elect of the Pennsylvania chapter, were present and spoke briefly at the banquet on Saturday evening.

The guest speaker at the banquet was Dr. Richard T. Shackelford of Baltimore, Maryland, Consultant and Chief of Surgical Service, U. S. Veterans Hospital at Perry Point, in that state. His subject was, "Draping the Iron Curtain."

The speaker discussed informally conditions as they exist in all of the countries which are considered satellites of Russia. Dr. Clark K. Sleeth of Morgantown was the toastmaster.

Officers Hold Over Until May, 1957

All of the present officers will hold over until the next annual meeting, which will be held in May, 1957. The change in the time of the election of officers was necessitated by reason of a new amendment to the by-laws, which provides that officers shall be installed at the time of the annual meeting instead of at the beginning of the calendar year.

Dr. Logan W. Hovis of Parkersburg is president of the West Virginia Chapter and presided at the annual session in Charleston. The other officers are Halvard Wanger, M. D., of Shepherdstown, president elect, Don S. Benson, M. D., of Moundsville, vice president, Seigle W. Parks, M. D., of Fairmont, secretary and Myer Bogarad, M. D., of Weirton, treasurer.

Doctor Wanger served as general chairman of the meeting, and Dr. Carl B. Hall of Charleston as local chairman.

The West Virginia Medical Journal

June 1956 Vol. 52, No. 6

Stripping of Varicose Veins With A Double Stripper

Ray S. Greco, M. D., and R. E. Flood, M. D.

In the surgical management of varicose veins of the lower extremities it is now accepted as fact that the most successful results are obtained by high ligation of the greater saphenous vein and its tributaries at the saphenofemoral junction, and by thorough stripping of the involved varicosities.

The modern technic dates back to the early part of the century when Keller[1], Mayo[2] and Babcock[3] first advocated variations of the stripping procedures. After a period during which the injection of sclerosing solution was in vogue the pendulum has swung back in favor of stripping, as previously reported.

Surgical correction is resorted to much earlier since the advent of improved surgical technics with relatively less fear of infective complications during this antibiotic era.

Today, undoubtedly, the greatest number of patients with varicosities undergo surgery for cosmetic reasons since the "glamorous" leg is the desire of all women and men. Therefore, it is conceivable that the goal in the surgical treatment of this condition is not only obliteration of the involved varicosities but also minimal scarring. Described in the literature are many variations of strippers and technics as aids in achieving this goal.

We have had extremely successful results in a limited number of cases by using the method of high saphenofemoral ligation, and stripping of the varicose veins with a double Emerson[4] stripper joined together with a newly devised coupling (see illustration).

It is of utmost importance that thorough dissection of the fossa ovalis be carried out with ligation of the greater saphenous at the saphenofemoral junction. The three main tributaries (pudendal, circumflex iliac and superficial epigastric) are clamped, cut and ligated.

The Authors

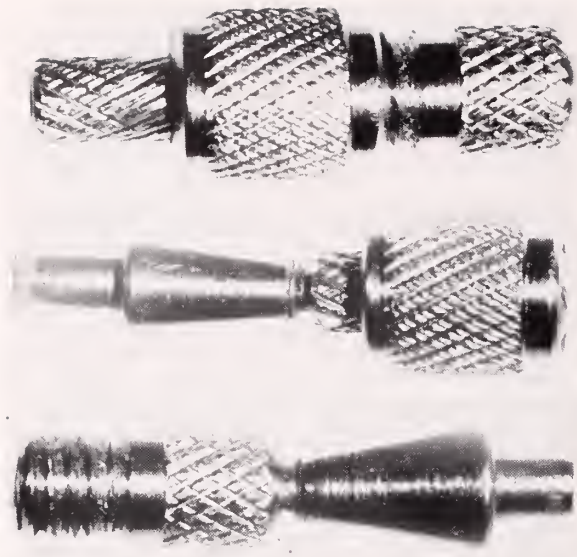
- **Ray S. Greco, M. D., Weirton, W. Va.**
- **Richard E. Flood, M. D., Weirton, W. Va.**

The second phase of the procedure consists of two parts: (1) the successful passage of the stripper and (2) the thorough stripping of the involved vein.

Passing the Stripper

The flexible stripper described by Emerson and Muller[4] is the instrument of our choice. We have found that passage from below upward is successful in the majority of cases. The saphenous vein is previously marked near the medial malleolus and with a small incision dissection of the large vein is easily performed. Passage of the bougie starting at this end is met with little resistance as the flexible stripper traverses the extremity.

In the event of resistance the stripper is withdrawn and passage from above, i. e., the groin area, downward is attempted. If difficulty again is encountered, a third alternative is available. A procedure described by Trace[5] in which a cardiac catheter is used may be tried. Starting from below near the medial malleolus a cardiac catheter is passing with a forceful dilatation of the vein with saline solution. This permits passing of the catheter with little resistance. After the catheter is passed, the stripper is pushed through the lumen of the catheter.



Top Section is the Newly Devised Coupling.

Two Lower Sections Show Separate Coupling Attached to Ends of Emerson Stripper.

Thorough Stripping

The ideal procedure is removal of the vein by stripping downward, with vein attached to the stripper, and telescoping or pleating the vein. Numerous fixtures have been suggested such as a large olive tip, the cup and pusher method as described by Kutz and Hendricks[6], and ordinary metal "washers", as described by Rosenberg,[7] to mention a few. Only too often, however, these various methods result in tearing of the vein by invagination at or near a weakened, thinned section.

We have found the use of the double stripper to be a successful precautionary measure in the event that tearing of the vein occurs. The basic principle involves stripping in both directions. At the groin area the bougie attachment to the Emerson flexible stripper[4] is removed and with the use of our specially devised coupling a similar Emerson stripper is attached. The vein is securely tied to the stripper, and traction from below applied. In the event of resistance, counter traction may be applied from above in a see-saw manner. If, when the first stripper is removed at the ankle site, the vein has been completely removed, the second stripper is pulled through with ease. If tearing has occurred the strippers are detached and stripping is repeated in reverse manner, i. e., securely tying the saphenous vein to the second stripper and applying traction upward at groin site.

A similar technic is followed with the lesser saphenous and any other involved vein.

Summary

1. High ligation of the greater saphenous vein and its tributaries, with thorough stripping of varicosities is the accepted procedure in the management of varicose veins of the lower extremities.

2. For cosmetic reasons minimal scarring is desirable.

3. Passage of the stripper the entire length of the vein is of paramount importance.

4. A double stripper technic using the Emerson stripper with a specially devised coupling as a precautionary measure in the event of tearing or invagination of the stripped vein is described.

References

1. Keller, W. L.: A New Method of Extirpation of Internal Saphenous and Similar Veins in Varicose Conditions. A Preliminary Report, New York M. J. 82:385, 1905.
2. Mayo, C. H.: Treatment of Varicose Veins, Surg., Gynec. & Obst. 2:385, 1906.
3. Babcock, W. H.: A New Operation of the Extirpation of Varicose Veins of the Leg, New York M. J. 86:156, 1907.
4. Emerson, E. C., & Muller, J. J.; The Treatment of Varicose Veins with a Flexible Stripper, Surgery 29:71-76, 1951.
5. Trace, H. D.: A Hydraulic Vein Stripper, J. Internat. Coll. Surgeons 22:612-613 (Nov.) 1954.
6. Kutz, C. M., & Hendricks, W. C.: New Vein Stripper and Technique of Stripping, Surgery 29:271-275, 1951.
7. Rosenberg, N.: A Technique for Facilitating the Stripping of Large-Base Varicose Veins Using Conventional Strippers, Surgery 35:877-879, 1954.

The Electrocardiogram In Situs Inversus

(Case Report)

David W. Northup, Ph. D., and Edward J. Van Liere, M. D., Ph. D.

Dextrocardia with reversal of the abdominal organs is a rare condition. LeWald[1] found a case rate of one in 35,000 in army recruits, one in 5,000 at necropsy. Roentgen examination gave a somewhat higher rate: one in 1,400, but many of the patients in this series had been referred for confirmation of a diagnosis of dextrocardia. Parsons[2] found two cases in 15,000 private patients.

The etiology of the condition is obscure. Diagnosis is best confirmed with the fluoroscope: it may be missed in films, since the film may easily be reversed and appear to be of a normal chest. Since dextrocardia may occur without reversal of the abdominal organs, the position of the liver shadow should be looked for. A small amount of barium sulfate will locate the stomach. If dextrocardia is associated with the liver on the left and the stomach on the right, the diagnosis of situs inversus is established.[3]

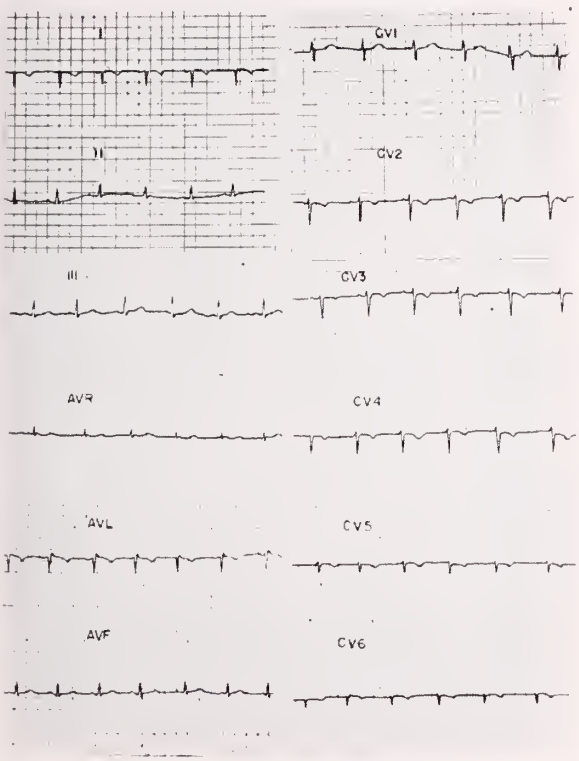


Fig. 1. Leads Conventional.

The Authors

- **David W. Northup, Ph. D., Professor of Physiology, West Virginia University School of Medicine, Morgantown, W. Va.**
- **Edward J. Van Liere, M. D., Ph. D., Dean, West Virginia University School of Medicine, Morgantown, W. Va.**

The electrocardiogram in situs inversus has a characteristic appearance. Lead I is the inverted image of normal; lead II resembles a normal lead III; lead III resembles a normal lead II. Leads aVR, aVL, and aVF show analogous changes. The chest leads bear little resemblance to their normal counterparts (Fig. 1). These changes in the electrocardiogram are seen in their typical form only in situs inversus; in dextrocardia not accompanied by reversal of the abdominal organs they do not occur. Apparently a position of the axis of the heart far enough to the right to produce the typical record is possible only when the abdominal organs are reversed.[4]

Several authors[2, 3, 5, 6] have suggested interchanging the arm connections to give a normal picture for the limb leads. Also, Taussig[3] notes that for lead IVF, the chest electrode should be placed on the right side, where the apex of the heart actually lies. She gives a discussion of the evaluation of records from cases of situs inversus.

Situs inversus is quite compatible with a perfectly normal physiology, but according to Taussig[3] the incidence of severe malformations of the heart is high in cases of situs inversus. If heart conditions producing angina pectoris develop, the pain will occur in the right chest and right arm[7].

Case Report

The subject was a white female medical student, age 22. She was in excellent health, and the history was negative for complaints involving the cardiovascular system.

She volunteered to be a subject in experiments on the emptying time of the stomach, and when

she first took the barium meal, it was seen in the fluoroscope that her stomach was on the right side. Further exploration revealed a typical dextrocardia, and a liver shadow on the left. The barium meal was followed until it entered the colon; the ascending colon was on the left. These findings are sufficient to establish a diagnosis of situs inversus totalis.

A twelve lead electrocardiogram was taken in the usual fashion; it is reproduced in Fig. 1. (The record was copied in pen and ink, since the type of direct recording paper used does not yield tracings which lend themselves readily to photographic reproduction). Note that it is as described above. The procedure was then repeated with the right arm electrode on the subject's left arm, and the left arm electrode on the subject's right arm. For the chest leads: CV1, exploring electrode in the fourth interspace to the left of the sternum; CV2, fourth interspace to the right of the sternum; CV4, fifth interspace in the right midclavicular line; CV6, fifth interspace in the right mid-axillary line; CV3 and CV5 halfway between CV2 and CV4 and between CV4 and CV6 respectively. This record is reproduced in Fig. 2. Note that it is a normal electrocardiogram.

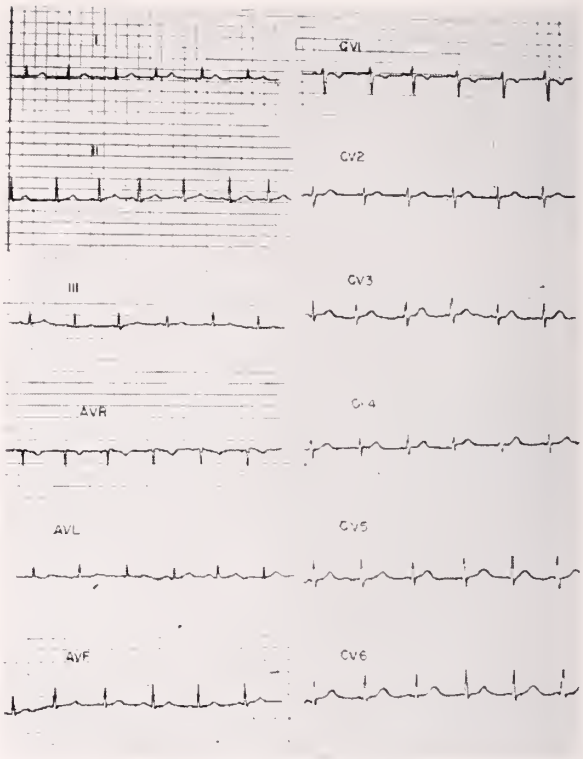


Fig. 2. Leads Reversed.

Summary

A case is reported of situs inversus totalis in an otherwise normal 22-year-old female. Electrocardiograms, recorded conventionally, and with leads so arranged as to give a normal tracing, are presented.

References

1. LeWald, L. T.: Complete Transposition of the Viscera: A Report of Twenty-Nine Cases. J.A.M.A. 84: 261, 1925.
2. Parsons, G. W.: Dextrocardia with Situs Inversus. Ann. Int. Med. 23: 102, 1945.
3. Taussig, Helen B.: Congenital Malformation of the Heart. New York: The Commonwealth Fund. 1947.
4. Willins, Frederick A.: Congenital Dextrocardia with Situs Inversus Complicated by Hypertensive and Coronary Heart Disease. Amer. Heart J. 7: 110, 1931.
5. Kalter, J. S.: Congenital Dextrocardia with Situs Inversus Complicated by Hypertensive Heart Disease. Amer. Heart J. 37: 970, 1949.
6. Manchester, B. and P. D. White.: Dextrocardia with Situs Inversus Complicated by Hypertensive and Coronary Heart Disease. Amer. Heart J. 15: 493, 1938.
7. Crawford, J. H. and C. F. Warren.: Coronary Thrombosis in a Case of Congenital Dextrocardia with Situs Inversus. Amer. Heart J. 15: 240, 1938.

Involutional Melancholia

Involutional melancholia in the aged may manifest itself in several general ways. The commonest form, of course, is the restless, fretful state of despondency and despair. Occasionally, however, one sees it manifested with quite a mixture of paranoid feelings and thoughts. Occasionally, one sees it colored considerably by somatic complaints and hypochondriacal self-concern. In fact, sometimes this concern and its somatic complaints mask the underlying depression sufficiently to mislead many physicians.

Perhaps the most confusing form is that in which the patient complains bitterly of pain in a certain part of his body. Many examinations and treatments reveal no definite organic cause. Dependence or addiction to narcotics develop in a number of these cases.

Once he suspects the nature of this trouble, the physician usually can discern other features of the involutional melancholia pattern which will put him on the right track to therapy.—John A. Aita, M. D., in Nebraska State Medical Journal.

Congenital Eventration of the Diaphragm*

(Report of a Case)

Haven M. Perkins, M. D.

EVENTRATION of the diaphragm is characterized by the presence of an intact leaf of the diaphragm which, however, has an abnormally high position. The diaphragm is found to be very thin and membranous rather than muscular[1]. In the congenital variety there is no apparent cause for the abnormality. The condition is rare and is usually symptomless. In an occasional case, however, particularly in infants, there may be definite symptoms associated with eventration of the diaphragm and it then presents an interesting problem in therapy[2].

Bisgard described the first surgical correction of this condition in an infant six weeks old. His method consisted of a transthoracic approach for right-sided eventration with plication of the diaphragm using three super-imposed rows of interrupted mattress sutures of silk. The pleat, thus formed, was turned downward between the diaphragm and the liver[3].

A case of congenital eventration of the diaphragm in a 4-year-old white female with successful outcome is herein reported.

*From the Department of Thoracic Surgery, Charleston General Hospital, Charleston, West Virginia.

Fig. 1. PA view showing eventration of left leaf of the diaphragm.

The Author

• Haven M. Perkins, M. D., Charleston, W. Va.

Case Report

P. C., a 4-year-old white female, was admitted to the hospital on February 27, 1954. At the time of admission, the child's father, who brought her to the hospital, stated that despite her good appetite and normal intake of food, she had done poorly for some time. The immediate cause for her admission was that following a birthday party on February 26, she began to vomit and have loose stools accompanied by fever. She was therefore admitted for diagnosis and treatment.

In the past history the father revealed that the child had been in several hospitals on previous occasions. Although he was under the impression that there was something wrong with her heart which was causing her physical retardation, he could not state what the previous x-rays had revealed.

Physical examination revealed a small, poorly nourished, white female child who had dyspnea when supine. There was no cyanosis noted. The trachea seemed to be in the midline. EENT examination was not remarkable. There was dulness in the left chest posteriorly with decreased breath sounds. Anteriorly in the chest, the point of maximum impulse of the heart was to the right of the sternum; a soft systolic murmur was noted. Breath sounds were decreased throughout the left chest, especially in the base. The child's temperature on admission was normal although she ran occasional low grade elevations in the evenings until March 6 at which

time it began to rise steadily and her course became febrile for some time.

Laboratory work on admission revealed normal urinalysis and a hemogram within normal range. A chest x-ray revealed that there was apparently a large portion of the abdominal viscera in the left pleural space. (Fig. 1)

Barium studies were interpreted as showing an upside -down stomach. The esophagus went down to its normal point and then the stomach reversed on the esophagus. There was only a small shadow that could be interpreted as diaphragm anteriorly and posteriorly. (Figs. 2 and 3) It was felt that this represented a diaphragmatic herniation or eventration causing repeated intestinal and respiratory difficulties.

The child was prepared for surgery and on March 16, 1954, an exploratory thoracotomy with entrance through the left eighth intercostal space was done. After the pleura was opened it was noted immediately that there was a very high, thin membranous diaphragm extending to the second anterior interspace on the left. There was almost complete collapse of the left lung. The heart and the mediastinum were markedly displaced to the right. This was then diagnosed as a congenital eventration of the diaphragm.

The apex of the diaphragm was opened and the stomach, large bowel and spleen were delivered into the abdominal cavity. After further enlargement of the diaphragm opening, mattress sutures of heavy silk were inserted near the base

Fig. 4. Postoperative follow-up film, 15 months after surgery.

Figs. 2 and 3. X-ray studies showing upside-down stomach.

of both flaps. After all sutures were in place it was made certain that all the abdominal viscera were below the suture line before tying. The extra flap was then folded over and tacked to the rim of the diaphragm with interrupted silk sutures making a complete second layer. It was felt that a good diaphragm had been reconstructed.

The lung did not expand readily. On palpation, however, it was felt to be of good quality and not fibrotic.

The intercostal drainage tube was inserted and the chest wound was then closed in layers in routine manner. The patient's operation lasted 1 hour and 10 minutes.

The child's postoperative course was marked by irregular temperature spiking and slow re-expansion of the lung. Because of the length of time that the chest tube remained, a localized area of empyema developed. However, with antibiotics, transfusions and instillations of Streptokyanase into the pleural cavity, a slow but eventual recovery was made and the child was discharged to her parents on April 24, 1954. At this time the lung fields were clear and the heart had returned to its normal position in the left chest.

I felt that the child's chances for the future were those of a normal individual. (Fig. 4, x-ray 15 months after surgery)

Summary

A case of eventration in a 4-year-old white female is reported—the malposition of the diaphragm being responsible for the child's dyspnea and repeated gastric disturbances.

The successful surgical correction was by means of a transthoracic approach and plication.

References

1. State, David: The Surgical Correction of Congenital Eventration of the Diaphragm in Infancy, Surg. 25:461, 468, 1949.
2. Lindskog, G. E. and Liebow, A. A.: Thoracic Surgery and Related Pathology, 599.
3. Bisgard, J. D.: Congenital Eventration of the Diaphragm, J. Thoracic Surg. 16:484, 491, 1947.

Acknowledgment

I wish to express my appreciation to Dr. Edwin P. Stabins for his help in the preoperative and postoperative management of this patient.

Sulfonamides or Antibiotics?

CHILDREN are frequently troubled by upper respiratory infections and unexplained fever of a few days' duration. The most important decision in the treatment of such cases is whether or not to use a sulfonamide or an antibiotic, and this decision must be made individually in each instance, but a plea is made not to be too free in the prescribing of specific drugs.

Every attempt should be made first to arrive at a diagnosis so that appropriate therapy can be used. Bacterial cultures are not always feasible but leukocyte counts and urinalyses may be helpful and are easily available. Watchful waiting and symptomatic treatment are often preferable to the blind use of antibiotics.

Most children with the common cold recover if left alone and many of those with unexplained fever are infected by a virus which is not affected by any drug. Injections of penicillin and then administration of other antibiotics of sulfonamides do not help children who have summer grippe, roseola incantum, or poliomyelitis.—Wm. C. Stifler, Jr., M. D., in Maryland State Medical Journal.

Special Article

Tuberculosis Control and the Private Physician

Walter E. Vest, M. D.

Both the concept of tuberculosis control and the attitude of the medical profession toward tuberculosis have undergone material change since the turn of the century. To borrow Osler's classic designation of pneumonia, "Captain of the Men of Death," we may well revert to John Bunyan's original use of that phrase as he applied it to "consumption" and say as much of tuberculosis for the first quarter of the current century. As time has gone by, however, tuberculosis has been demoted, so to speak, and is now merely a "noncom" in the army of lethal causes.

While medicine has worked wonders in controlling the mortality from tuberculosis, it has been far less successful in controlling the morbidity rate resulting from the ravages of the bacillus of Koch. Accordingly, our thinking about the disease has had to shift from mortality control to morbidity control, and it is probable that emphasis will have to shift further yet toward the morbidity aspect.

The control of any disease must of necessity depend to a great extent upon the private physician in active practice. In recognition of this basic principle, the Council on Public Health of the American College of Chest Physicians has prepared a program of tuberculosis control procedures for the guidance of physicians in private practice. This outline should appeal strongly to the general practitioner who looms so large in everything medical. While this program is ideal and probably in actual practice is not entirely attainable, it is so complete and delineates the picture so well that we quote it in its entirety:

"A. PREVENTION.

1. Phases of the program in which physicians can participate in a professional capacity:

(a) It is the responsibility of each physician not only to inform his own patients and their families about the dangers of tuberculosis, its mode of spread and methods of control, but also to assist in preparing and disseminating informational material to the public in cooperation with health departments, tuberculosis associations, and other agencies interested in control and treatment of tuberculosis.

(b) Early case finding and diagnosis:

(1) The doctor's office is a productive site for case finding. The physician should consider the possibility of tuberculosis in every patient and examine as many as possible by roentgenologic study, especially those with any suspicious signs or symptoms, or with a history of exposure to tuberculosis. X-ray, tuberculin tests and bacteriological examination should be used as freely as possible.

(2) Physicians should investigate all the contacts of their tuberculous patients to find the source of the disease and to detect its spread to others; or should make sure that the contacts are examined by the public health department or other clinics. Tuberculin tests and x-ray films should be used.

(3) All physicians should encourage their hospitals to establish a program of routine hospital admission chest x-rays; or if such a program is already in effect, to promote its fullest use. As far as admission and periodic chest x-ray films in mental and other institutions are concerned, physicians can influence the responsible operating agencies to institute such programs.

(4) Those physicians who sit on policy making committees should direct surveys to high prevalence areas.

(5) Private physicians should welcome and support community x-ray surveys and should participate in them as policy makers. Each physician should make certain that suspects screened out by the survey are examined carefully using all the appropriate diagnostic tools and should sit in on film reading sessions.

The Author

• **Walter E. Vest, M. D., Huntington, W. Va.**

(6) As consultants or board members for mental and penal institutions, or as staff members, physicians should promote routine and periodic chest x-raying in such institutions, and should advocate routine chest x-rays on all prisoners in jails.

(7) Physicians should support and use laboratory services as needed and especially in doubtful tuberculosis cases. Accepted laboratory technics, particularly culture and guinea pig inoculation should be used since one should not rely on direct smears.

(c) It is the duty of all physicians to do everything possible to hospitalize every open active case of tuberculosis. If beds are not available, patients should be adequately isolated and treated at home. It is also the physician's responsibility to see that the patient remains under treatment for a period of time sufficient to reduce the possibility of relapse to a minimum.

(d) BCG vaccination of physicians, medical students, nurses, laboratory workers, contacts, and others in the more vulnerable groups, who as non-reactors are exposed to tubercle bacilli, should be left to the discretion of the individual physician in the individual case.

2. Phases of the program in which physicians can actively cooperate with others in community projects:

(a) Private physicians should refer patients and families to health departments and other health agencies for bedside nursing care, assistance in isolation practices, epidemiologic investigations and family education.

(b) The private physician should refer tuberculous patients and their families to social services and public assistance agencies when necessary.

(c) Physicians, as citizens, can actively participate in community projects aimed at slum clearance, low cost housing projects, and other movements aimed at general betterment of the community.

(d) The practicing physician should emphasize the importance of pasteurization of milk and milk products, and should support the tuberculin testing program for the eradication of tuberculous cattle.

B. TREATMENT AND FOLLOW-UP.

1. Private physicians have always played and will continue to play a prominent role in the treatment of tuberculosis. While government sanatoria care for the majority of hospitalized tuberculous, many chest physicians, internists, and other specialists are on consultant staffs and play a dominant role in setting treatment policies.

2. In the absence of sanatorium or hospital beds, medical care of tuberculous patients at home is largely in the hands of private physicians. Organized home care programs are operating in many communities in which private physicians should actively participate. They should make certain that patients receive necessary nursing and other services to aid in carrying out medical recommendations.

3. The new drugs have increased the number of tuberculous patients who are eligible for post-sanatorium ambulatory treatment. A large number of these patients are under the supervision of either private physicians or public clinics.

4. Physicians should perform and stimulate regular follow-up examination of tuberculous patients in the doctor's office or chest clinics. Physicians in private practice often serve part-time in tuberculosis or in chest clinics, and all physicians should encourage good clinic service. Private physicians should welcome the help of public health nurses with patients' families and contacts to keep them under medical supervision and increase their understanding of the disease and its spread. In some communities medical social workers are available and can visit patients with social problems. Occasionally voluntary associations employ occupational therapists who can be of assistance to patients in their homes.

5. Ideally, no diagnosed case of tuberculosis should ever be dropped from periodic examination. However, after tuberculosis patients have been inactive for two years, close supervision can be relaxed. Physicians should, nevertheless, advise their patients with inactive disease to have an annual examination including an x-ray film.

C. REPORTING.

1. Physicians should routinely and promptly make out morbidity cards on cases of tuberculosis which come to their attention. If there is any doubt about a previous report being made, the physician should make one out anyhow to assure the completeness of registration and epidemiological follow-up. Death certificates should not only indicate tuberculosis as an immediate or ultimate cause of death, but also as an accompanying condition when present.

2. Private physicians should provide health departments with information about the current status of tuberculosis patients under their care so that continued knowledge and supervision of all cases of tuberculosis in the community is assured.

D. PROVISION TO THE PATIENT OF INDICATED ANCILLARY SERVICES.

1. It is the responsibility of the private physician to assess the patient's capacity for work in terms of residual disease in the lungs and/or other organs, and to determine the amount and types of activity permissible for the individual. He must make decisions as to whether or not the patient can return to his former occupation or whether he should change to one requiring less physical exertion. In this decision as in those relating to diagnosis and treatment he can to advantage avail himself of specialist consultation.

2. When it is evident that the patient is in need of vocational training to equip him to enter a new occupation, the physician should be aware of the facilities available for such training. He can call upon the services of the vocational counselor of the Division of Vocational Rehabilitation in his state or territory to assist him."

This program is, as we said before, ideal but it is largely attainable. We would especially stress (1) routine chest x-rays on all admissions to general hospitals; (2) enthusiastic support of routine chest x-ray programs of health departments; (3) insistence upon hospitalization of all open cases; (4) periodic examinations of all cases who have ever had clinical tuberculosis; and (5) conscientious and complete reporting.

Another point which is not particularly stressed, but which seems to us of great importance, is the necessity for all physicians to be tuberculosis conscious, especially internists and general practitioners.

Physicians and Engineers

With the invasion of medicine by automation, the engineer has become a member of the medical team. The development of electroencephalography, audiometry, electrocardiography, and roentgenology (to name a few obvious fields) would be impossible without engineering talent.

Doctor Kessler had to follow engineering principles when he developed the cineplastic arm, and indeed, much of the field of physical medicine and rehabilitation is as dependent on engineering skills as on medical ones.

An "artificial kidney," a mechanical heart, an electronic brain are instances of the engineer's mimicry of nature. The respirator, the pulmotor, the iron lung, the automatic blood counter. Dengrove's electrical crib vibrator, the feed-back anesthesia depth control, the electronic stethoscope, and so on and on down a list of new medical instruments which represent the offspring of the union of the two professions.

Ultrasonics, radioisotopes, electronic microscopes, hearing aids, contact lenses, shock therapy machines, and mobile prosthetic joints are more examples.

Collaboration between the two professions is in the cards. Aeronautical medicine (maybe, soon, space medicine), weather-proofed clothing, atomic sickness controls, better limb prosthesis, speech and hearing corrective therapies, stress research, studies of electrical brain potentials, are in the van of the medical march, and all of these need engineering assistance.

When engineers and doctors work together, they accomplish wonders. The Panama Canal could not have been built without the joint efforts of physicians, sanitary engineers and mechanical engineers. Without the combined efforts of the two disciplines, the x-ray would have remained a toy.

The first group to build a bridge between the two professions will make an enormous contribution to human progress. Why not joint meetings, joint seminars? Why not teach the engineers something more of the human body and human mind?

Can we jam a little fundamental engineering into the over-crowded medical school curriculum? To be sure the body is not just a machine—or if it is, it is a machine operated by a curious ghost. But there is enough of the machine in the human body to need the help of the engineer. And we, in turn, can open to the new engineer a vision of a challenging, stimulating—to use an old fashioned word—a "thrilling" career which can tax the best skills of both of us.—Journal, Medical Society of New Jersey.

Special Article

The Annual Working Conference on School Health

Fred J. Holter, Ph.D., F.A.S.H.A.

THE JOINT COMMITTEE on Health Problems in Education of the National Education Association and the American Medical Association, which is celebrating its 45th year of existence, is one of the oldest joint committees of either parent organization. The chief current project of the committee is the preparation of a volume, "Healthful School Living," in which desirable standards for environmental control in schools are outlined. With the completion of this volume, the committee will have standard references reflecting the combined medical-educational opinions on all aspects of the school health program.

In addition to the standard references, the joint committee has sponsored National Conferences on Physicians and Schools. Among other concerns, the Conferences have provided for an interchange of information regarding patterns of school health programs and the role of the physician in such programs. These National Conferences have been held biennially since 1947. While participation of delegates has been on a nationwide basis, West Virginia unfortunately has not been represented.

Status of School Health Program

The status of the present school health program in West Virginia can be assigned to the foresight and cooperation between Dr. N. H. Dyer, State Director of Health; Dr. W. W. Trent, Superintendent of Free Schools; and Dr. G. Ott Romney, former Dean of the School of Physical Education, West Virginia University. Effects of their cooperative planning resulted in first actions in 1948. Prior to this time there had been, at least in name, a Joint State School Health Committee. The former Committee was enlarged with active participation from the State Department of Health, State Department of Education, and the State University.

The first opportunity to stimulate the school health program came about in a very incidental way. The State Department of Education felt the need for a revised edition of the Handbook on Physical Education, and several members of the Joint School Health Committee were asked to serve on the revision committee. It was brought to the attention of this handbook committee that the State did not have handbook material relating to school health. As a result, the Handbook, *Design for Healthful Living*, which was published in 1949, went beyond physical education and included the school health program. As it turned out, the Handbook devotes more space to school health than it does to physical education.

The Author

- **Fred J. Holter, Ph. D., F.A.S.H.A., Professor of Health Education, West Virginia University, and Health Education Consultant to the West Virginia State Health Department.**

Working Conference on School Health

In 1949, the Joint State Committee on School Health sponsored the first annual Working Conference on School Health. This Working Conference has continued since that time and the Eighth Conference is being planned for August 20-22, at Jackson's Mill this year.

The first Conference was concerned with orienting participants in the philosophy and program presented in *Design for Healthful Living*. This Conference was followed by others devoted to improving health service, healthful school living, and school health education (1950); nutrition education, safety education, and general health education (1951); and how to meet pupil interests in health education (1952) based on a statewide survey which had been conducted in 1951. The Conferences in 1953, 1954, and 1955 explored and developed the area of education for responsible family living.

The Working Conferences on School Health have attracted public health and school people, as well as other official and voluntary agency groups in addition to farm women's organizations

and Parent-Teachers Associations. At appropriate times, high school students have participated in the Conferences.

In 1951, Dr. Frank Holroyd, then president of the West Virginia Medical Association, appointed an advisory committee to the writer to participate in the planning of the various Conferences. Observers from the West Virginia State Medical Association have attended most of the Conferences since 1951.

Preparation of Health Handbook

For a number of years prior to 1953, state-adopted textbooks were available for teaching health in grades 1 through 3. The removal of these books from the adopted list and the demand for the materials supplied by them, as well as other material desired by teachers, created a need which was met by a Handbook, *A Health Curriculum Bulletin for Primary Teachers.* The Joint School Health Committee was instrumental in the preparation of this material.

The West Virginia Association of School Supervisors devoted its annual three day conference in 1951 to "Building Understanding for a Cooperative School-Community Health Program." The conference was planned and promoted with the cooperation of the State Health Department, the State Department of Education, West Virginia University, State Colleges and lay organizations. Over four hundred representatives from health, education and lay groups participated in the conference. One of the highlights of this meeting was the presence of Dr. Fred V. Hein, Consultant in Health and Fitness, Bureau of Health Education, American Medical Association, who was a featured speaker and general consultant.

The Conference this year will be concerned with the development of a manual on School Health Policies for West Virginia Schools. Dr. Donald Dukelow, Bureau of Health Education, American Medical Association, will be the keynote speaker and conference consultant.

For The Record

Doctors often pride themselves on being more concerned with care of the patient than with "paper work." And indeed, whenever the situation poses that dilemna, the physician obviously must elect to attend to the patient before he attends to papers. However, the dichotomy is seldom presented that dramatically. . .

Reasons for concern about good record keeping are both medical and legal. The professional reason is, or should be, obvious. Diagnosis is usually impossible without history. And those who see the patient later (and that includes yourself) have to have a reliable record of earlier medical contacts to get a good history. . .

Can you diagnose multiple sclerosis on the basis of numbness and scotomata today? No, you can't. But if a well-recorded history showed that last year you, or some other doctor, had found a positive Babinski, nystagmus, and pallid retinae, then you have something you can count on. To put it crudely, medical practice clouded by sloppy records is sloppy practice.

And there are compelling legal reasons. From the patient's viewpoint, the record you keep may make it possible for him to collect disability insurance or social security benefits; or your poor records may rob him of such benefits. Your records may establish a widow's entitlement to double indemnity, a veteran's entitlement to compensation. To keep careless records is sheer irresponsibility in this world of widespread health insurance.

Finally, there are legal reasons involving you, yourself. For one thing, a visit to the doctor is an event with a capital "E" to a patient though it may be a routine occurence to you. So, when the patient burns himself with the lamp or with the ointment, he says you told him to keep the lamp 5 feet away and keep it on for 15 minutes. And you say you told him to keep it on for 5 minutes 15 feet away. You said wipe off the ointment after 60 seconds but the patient insists that you told him to wipe it off only if it burned. So it's one man's word against the other's. If the doctor's record reflects his instructions, he is probably going to prevail. Otherwise, the jury will figure (a) it is a careless doctor who keeps bad records, and (b) the patient is more likely to remember than the doctor because the event is so dramatic for the patient.

In cases like this, and in certain income tax matters, a well kept record may save your pocketbook and even your reputation. If the sound professional reasons do not prevail, maybe these less noble but pragmatic ones will.—Journal, Medical Society of New Jersey.

One of the attractive lounges on the main lobby floor at the Greenbrier.

ACHROMYCIN®

Tetracycline *Lederle*

in the treatment of

infections in surgery

The prevention and control of cellulitis, abscess formation, and generalized sepsis has become commonplace technique in surgery since ACHROMYCIN has been available. Leading investigators have documented such findings in the literature.

For example, Albertson and Trout[1] have reported successful results with tetracycline (ACHROMYCIN) in diverticulitis, gangrene of the gall bladder, tubo-ovarian abscess, and retropharyngeal abscess. Prigot and his associates[2] used tetracycline in successfully treating patients with subcutaneous abscesses, cellulitis, carbuncles, infected lacerations, and other conditions.

As a prophylactic and as a therapeutic, ACHROMYCIN has shown its great worth to surgeons, as well as to internists, obstetricians, and physicians in every branch of medicine. This modern antibiotic offers rapid diffusion and penetration, quick development of effective blood levels, prompt control over a wide range of organisms, minimal side effects. There are 21 dosage forms to suit every need, every patient, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Broad-range antibiotic action to fight infection; important vitamins to help speed normal recovery. In *dry-filled, sealed* capsules for rapid and complete absorption, elimination of aftertaste.

dry-filled sealed capsules

[1]Albertson, H.A. and Trout, H. H., Jr.: *Antibiotics Annual* 1954-55, Medical Encyclopedia, Inc., New York, N. Y., 1955, pp. 599-602.

[2]Prigot, A.; Whitaker, J. C.; Shidlovsky, B. A., and Marmell, M.: *ibid*, pp. 603-607.

Lederle

LEDERLE LABORATORIES DIVISION

AMERICAN CYANAMID COMPANY

PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

PHOTO DATA: AERIAL CAMERA WITH K-2 FILTER AT DUSK, F.*1, 4/100 SEC., FAST PAN FILM

ACHROMYCIN ACHROMYCIN

The President's Page

Appreciation From The National Foundation

WE HAVE received a letter from Dr. Hart E. Van Riper, Medical Director of the National Foundation for Infantile Paralysis. Although the letter is addressed to me as president of the State Medical Association, it is actually a personal message to every physician in West Virginia. The letter follows:

"May I take this opportunity to express thanks from the National Foundation for Infantile Paralysis to the West Virginia State Medical Association as a whole and to its individual members for their excellent cooperation with the state health department and the National Foundation in the successful conduct of the poliomyelitis vaccine demonstration program in West Virginia during 1955.

"The chief beneficiaries of this program, of course, were the West Virginia school children, mainly in the first and second grades, who received one or more injections of vaccine supplied by the National Foundation during the year 1955. A total of 197,395 cc. of vaccine was supplied.

"You may be interested to know that, thanks to your help, 105,123 West Virginia children received at least one inoculation; 79,642 received two inoculations; and 4,453 received a third (booster) inoculation up to November 15, 1955.

"Approximately 52% of the West Virginia children in the 5-9 age group, the age group most susceptible to paralytic poliomyelitis, thus obtained a high degree of protection against the disease in 1955 as a result of this program.

"The cooperation of the West Virginia State Medical Association helped materially to account for this fine record.

"While this is a formal expression of gratitude for your help, the real expression must come from the parents of those many children in West Virginia who feel free from the threat of paralytic poliomyelitis in their families now that the 1956 poliomyelitis season is at hand."

As most of us know, the opinion has been expressed that the incidence of polio in the United States can be cut in half during 1956 and reduced to a negligible figure in 1957 with continued complete coordination between the public, the USPHS, the physician and the manufacturer. The National Foundation hopes that it will be possible for 97 million people to receive at least two shots of Salk vaccine by the end of 1956.

I have assured Doctor Van Riper that he may expect continued complete cooperation by the members of the West Virginia State Medical Association in the important work that is being done in the field of polio prevention.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor

WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager

MR. CHARLES LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

ANOTHER MILESTONE

Once again West Virginia doctors have had an opportunity to play host to members of the profession interested in medical care in the bituminous coal mine area. The fourth conference, sponsored by the Committee on Medical Care for Industrial Workers of the AMA Councils on Medical Service and Industrial Health, was held in Charleston on Sunday, May 6, 1956.

The meeting was another milestone in the efforts of interested groups to find an amicable solution to medical care problems in the bituminous coal fields of the country.

On Friday and Saturday preceding the conference on Sunday, members of the State Medical Association in the southeastern part of the state took time off from their busy practice to entertain guests from within and without the state, and we say for these members that they deserve the plaudits of all those who toured the coal fields to obtain a better understanding of medical care in these industrial areas.

The luncheons and dinners at Bluefield and Beckley were perfect in every particular. The food was delicious, and the friendly attitude of those who attended these delightful affairs primed the 90 or more doctors in the group for a most successful conference at Charleston on Sunday.

We are always glad to have representatives of the parent organization visit with us. The exchange of ideas is certainly desirable at any time. When the members of important committees such as visited this state early in May can sit down and break bread with UMW Area Medical Administrators and chairmen of UMW liaison committees from the various states comprising the great bituminous coal fields of this country, there is no question that much good will result for all of our people.

Dr. Frank J. Holroyd of Princeton, one of the AMA delegates from West Virginia, is a member of the Committee on Medical Care for Industrial Workers. He attended the conference and accompanied the group on the field trip. Dr. Walter E. Vest of Huntington, the other AMA delegate, and Drs. J. C. Huffman of Buckhannon and Thomas G. Reed of Charleston, AMA alternates, also attended the conference.

Doctor Huffman, who is also chairman of the State Medical Association's UMW Advisory Committee, presented an interesting report at the conference concerning the activities of his group during the past year. Other reports were presented by chairmen of similar committees from Kentucky, Pennsylvania, Tennessee and Virginia.

The committee which arranged the field tour is to be congratulated for providing an interesting and worthwhile program, which even included a conducted tour through a coal mine four hundred feet under the earth.

The UMW Area Medical Administrators went out of their way to help make the three-day meet-

ing a success, and we can truthfully say that there was not a dull moment at the conference on Sunday, May 6, from the time the representatives were welcomed by Dr. Athey R. Lutz, the president of the State Medical Association, until the closing remarks by the chairman, Dr. W. A. Sawyer, of Rochester, New York.

Again, we were most happy to welcome those who attended this annual affair arranged with a great deal of care by the American Medical Association, and we hope that the fifth conference in 1957 will also be held in this state.

SITUS INVERSUS

Elsewhere in this issue of the *Journal* may be found an article which deals with the electrocardiogram in *situs inversus*. While this is a rare condition, it is one which should be kept in mind, since confusion in diagnosis may arise if the abnormality is not recognized. The fluoroscope spots it instantly, of course; it has been missed in roentgenograms of the chest, because of failure to check the markings on the film to be sure that the left and right sides are not confused. The electrocardiogram should also pick up the condition, but there is the possibility that the cardiologist may assume that the technician reversed the right and left arm leads, which gives the same electrocardiographic picture.

While the existence of *situs inversus* is perfectly compatible with good health, there is a higher incidence of congenital heart abnormalities in these individuals. Such a patient should, therefore, be checked with great care to be sure that his heart is quite normal.

Also, if dextrocardia is found in a patient, an immediate check should be made of the abdominal organs to see if the condition is associated with reversal of these, since dextrocardia without reversal of the rest of the body organs is nearly always associated with some degree of cardiac abnormality.

CONVENTION TIME—ALMOST

It is appropriate at this time of the year to present an outline of the plans for the annual meeting of the State Medical Association. It may also serve as a useful reminder that convention time is a little less than three months away by the calendar.

Advance reservations for the 89th annual meeting of the West Virginia State Medical Association at the Greenbrier are running well ahead of the total marked up at this same time last year. There is every possibility that the attendance record of physicians, members of the Auxiliary, children and guests may set an all-time high for annual meetings at this beautiful spa.

As reported in the *Journal*, plans for the scientific program at the meeting were completed several weeks ago. The hard work that has been done by the program committee is reflected in the list of distinguished speakers who will present papers at the general sessions. The committee's task began the day following last year's successful meeting and will not end until the last day of this year's meeting.

The various sections and affiliated societies and associations are completing arrangements for their annual meetings. Several of the guest speakers at the general sessions will also appear on these afternoon programs.

As usual, many interesting scientific and technical exhibits will be presented in the auditorium of the new convention unit. There will be a number of new exhibits at this year's convention, and it is hoped that every physician and his wife will plan to visit the auditorium frequently during the three-day meeting. It is through the cooperation of our exhibitors that it is possible for the program committee to provide such a high class program.

Arrangements for the 32nd annual meeting of the Woman's Auxiliary, which will be held conjointly with that of the State Medical Association, have also been completed. In addition to the transaction of its own business, the Auxiliary will also sponsor at least two top entertainment features during the convention.

Children accompanying their parents will find a new attraction at the Greenbrier this year. A beautiful outdoor swimming pool is now under construction near the Casino, and the management has assured us that it will be completed and ready for use by the time the meeting is convened.

The annual medical golf tournament will be held during the meeting. There will be a separate tournament for visiting physicians and representatives of technical exhibitors.

All of the foregoing points to one of the most successful conventions in the history of the State Medical Association. Certainly no better opportunity presents itself during the year for physicians to keep abreast of advances in medicine.

In addition, the annual meeting at the Greenbrier is the one instance where relaxing while learning is a rule of thumb for the physician. We

urge that you make reservations today so that you will be assured of satisfactory accommodations in August.

DEDUCTIBLE HOSPITAL INSURANCE PLAN

A new regulation approved by the State Insurance Department, authorizing a $25 deductible clause in Blue Cross hospitalization contracts could go a long way toward relieving the ever-present problem of over-crowdedness in hospitals.

If properly utilized, it also should be the means of lowering hospital costs as well as the cost of hospital insurance, and at the same time provide increased hospital efficiency.

Some months ago, The Gazette suggested editorially that a deductible hospital insurance plan be considered, and the proposition also was discussed at length in a penetrating series of articles last summer on the problems and needs of medical care.

The big way that a deductible policy would reduce costs—for patients, hospitals and hospital insurance plans alike—would be by cutting down on the abuse of hospital insurance.

This abuse, involving both doctors and patients, deals with the hospitalization of people who do not really need it.

While the great majority of ethical, conscientious practitioners are not a party to such practice, there are too many doctors who will say to their patients:

"Let's see, now, you have hospital insurance, so we'll just put you in the hospital for a few days and run some tests. It won't cost you much and the rest will do you good."

That's all well and good . . . except that such a practice puts a drain on the hospital insurance plan to the detriment of other policy holders, and it often fills hospital beds to the exclusion of sick people in real need of special care.

It is, in short, a waste of hospital facilities . . . and nobody can benefit from such a practice—not even those who are the momentary beneficiaries of a "hospital rest."

Another practice that has served to run up hospital and insurance costs is the misuse or "out-patient" benefits. Some doctors will say: "Well, I don't really think you need it, but since you have hospital insurance I'll just send you over to have an x-ray."

Under the deductible plan, all patients would pay the first $25 of hospital confinement . . . and the Blue Cross would pay all above that amount. At least, that is the way it should work.

Such a policy should discourage the "rest' patients who do not really need hospitalization, and at the same time it would provide even better protection for the individual faced with the catastrophe of extended hospital confinement.

Thus, the savings realized from reducing the number of people using hospital insurance as a convenience will go to the benefit of those in real need of hospital care.—The Charleston Gazette.

NEW HONOR FOR DR. VAN LIERE

Dr. Edward J. Van Liere, dean of West Virginia University School of Medicine since 1921, and associate editor of The West Virginia Medical Journal, was the recipient of a high honor last month when he was commissioned to write an article on hypoxia for the forthcoming edition of the Encyclopedia Brittanica.

Hypoxia, also called anoxia, which is the effect of a lack of oxygen on the human body, is a field in which Dean Van Liere has done a great deal of research. The last authority for the encyclopedia was Sir Joseph Barcroft, the celebrated English physiologist of Cambridge University, who wrote on the subject more than a quarter century ago.

In his 3,000-word work, the University dean gives a complete description of conditions under which body tissues are starved of oxygen. He lists the following types:

The hypoxemic, in which blood going to the tissues carries oxygen at too low a pressure; the anemic, in which the hemogloblin is fully charged but there is too little of it; the stagnant, in which the blood may be normal but the quantity running through the organ is too small; and the histotoxic, in which the tissue cells are poisoned and unable to make proper use of the oxygen.

One of the world's foremost authorities on anoxia, Doctor Van Liere has written two books on the subject, "Anoxia: Its Effect on the Body" and "Acclimatization to Low Oxygen Tension." He has also written many articles on the subject as well as on the results of his research into other areas of medical science.

We extend to Doctor Van Liere our heartiest congratulations for his selection by the Encyclopedia Brittanica as the author of an article on this important subject which will be included in the new edition.

GENERAL NEWS

Medical-Hospital Relations Report Approved By Council

The action of the Medical Licensing Board of West Virginia in adopting regulations with reference to medical-hospital services has been approved unanimously by the Council of the West Virginia State Medical Association.

Approval followed the presentation of the regulations by Dr. Frank J. Holroyd of Princeton, chairman of the board, at a day-long meeting of the Council in Charleston on May 13.

The regulations were adopted by the Board following the submission of a report by a special committee which has been studying the matter for several months. The joint committee from the State Medical Association and the West Virginia Hospital Association was named for the purpose of preparing for the Board "a statement of principles and procedures to comply with the law in the best interests of the public concerning the legality of certain policies employed by hospitals in the collection of medical and hospital fees."

The State Medical Association was represented on the committee by Dr. Thomas G. Reed of Charleston, Dr. D. A. MacGregor of Wheeling, and Dr. Charles E. Watkins of Oak Hill. The Hospital Association members were Sister Mary Ruth of Parkersburg, Dr. Herbert M. Beddow of Charleston, and Mr. Obed Poling of Philippi.

The regulations, which were formally adopted by the Board at the spring meeting in Charleston on April 23, require all physicians licensed to practice medicine in West Virginia to comply with the interpretation of the "Medical Practice Act" in opinions prepared by the Attorney General at the request of the Board.

There has been a controversy for some time concerning practice of certain specialists in hospitals, and it is sought by the new regulations to draw the line clearly between medical service and hospital service so as to follow the two opinions of the Attorney General concerning medical-hospital practice.

The first opinion was written by Thomas J. Gillooly, former Assistant Attorney General (now state insurance commissioner), and handed down on July 11, 1950, and the second by Harold A. Bangert, Assistant Attorney General, and handed down June 10, 1955.

According to the interpretation of the "Medical Practice Act" by the Attorney General, any physician who disposes of his services by contract or otherwise to any hospital or individual which cannot be licensed to practice medicine is engaged in the unethical and illegal practice of medicine.

The regulations provide that staff appointments and reappointments of anesthesiologists, pathologists and radiologists should be governed by the same principles as the appointments and reappointments of other staff members.

Trained personnel operating under the direction and supervision of a physician is to be responsible to him rather than to the hospital, and the physician must be the administrative head of his particular department.

The physician is to allocate to the hospital proper compensation for all of the equipment, services, supplies, etc., which the hospital contributes to the operation of his department.

Service rendered by a physician under a physician-hospital contract must be shown as a service of the physician to the patient rather than a service provided by the hospital.

The hospital may be designated by the physician as the agent to collect fees for his services, or the physician may bill the patient directly.

The enforcement of the new regulations is the responsibility of the Medical Licensing Board.

Report of Committee

The report of the joint committee on Medical-Hospital Relationships follows:

This committee was heretofore set up for the purpose of preparing for the Medical Licensing Board a "statement of principles and procedures to comply with the law in the best interests of the public concerning the legality of certain policies employed by hospitals in the collection of medical and hospital fees."

The committee unanimously approved for submission to the Medical Licensing Board the following statement of principles with reference to hospital-medical staff relationships:

> Medicine is one of the "learned" professions which require years of study, skill and special attainment in order to qualify for a license to practice this profession. The license granted to practice medicine is a personal one and cannot be disposed of or granted to any hospital, lay body, organization or group by whatever name called or however organized.
>
> The practice of anesthesiology, pathology, radiology, physiatry, electrocardiography, electroencephalography, and the interpretation of various labora-

tory procedures such as basal metabolism, are an integral part of the practice of medicine and are in the same category as the practice of surgery, internal medicine or any other designated field of medicine, and the personnel assisting in these various specialties are practicing medicine under the supervision of the physician in charge of the department.

In view of the interpretation of certain specific portions of the Medical Practice Act received from the office of the Attorney General, the committee recognizes the necessity for making inquiry into the contractual relations between the hospitals of our state and the physician specialists who are engaged in the work of providing X-ray, pathological, anesthesiological and similar services to hospital patients.

The committee also recognizes the fact that to accomplish the greatest good, the hospital and the physician should work together harmoniously in their cooperative efforts, and that for the good of all concerned, any readjustment in contractual arrangements should be accomplished by personal negotiations on a friendly basis. In the public good, it is obvious that not only should the hospital and the physician suffer no injustice, but just as importantly that there should be no exploitation of the patient as a result of the changes in the contract.

According to the interpretation of the Medical Practice Act of this state by the Attorney General, any physician who disposes of his services by contract or otherwise to any hospital or individual which cannot be licensed to practice medicine is engaged in the unethical and illegal practice of medicine.

So long as the present Medical Practice Act is the law of the state, the Medical Licensing Board is required to follow the interpretation given by the office of the state Attorney General. That being the case, the committee considers that a legal physician-hospital contract should embody the following provisions:

(1) That all licentiates of the Board be ordered to comply with the interpretation of the Medical Practice Act in accordance with an opinion prepared by the Attorney General at the request of the Medical Licensing Board and handed down by him on June 10, 1955.

(2) That the service rendered be shown as a service of the physician to the patient rather than a service provided by the hospital.

(3) That the hospital may be designated by the physician as his agent to collect fees for his services, or the physician may bill the patient directly and be responsible for his own collections.

(4) That the trained personnel operating under the direction and supervision of a physician be responsible to him rather than to the hospital, and that he be the administrative head of his department.

(5) That the physician allocate to the hospital proper compensation for all the equipment, services, supplies, etc., which the hospital contributes to the operation of his department.

(6) That staff appointments and reappointments of these specialists should be governed by the same principles as the appointments and reappointments of other staff members.

New Member of Council

The chairman reported that Dr. R. Alan Fawcett, member of the Council from the first district, had tendered his resignation and that the president, Dr. Athey R. Lutz, had appointed in his stead Dr. D. E. Greeneltch of Wheeling, who will serve until the annual meeting of the House of Delegates at White Sulphur Springs, August 23-25, 1956.

The chairman then introduced Doctor Greeneltch as member of the Council from the first district.

"General Practitioner of the Year"

The Council set the machinery in motion for the selection of a "General Practitioner of the Year" by providing for nominations for the award to be submitted by any of the 28 component societies in the state. Already, the McDowell County Medical Society has nominated Dr. J. Howard Anderson of Welch for the award.

Nominations may be submitted to the Council at any time prior to the meeting of the Association's House of Delegates in White Sulphur Springs, August 23-25. Such nominations will be referred to the House of Delegates for consideration and action.

Each year the American Medical Association, at its clinical session early in December, selects a nominee from a state medical association for the coveted award, and usually the recipient is recognized at one of the sessions of the House of Delegates.

Election of Honorary Members

The following members of the West Virginia State Medical Association were elected to honorary life membership:

Society	*Name*	*Address*
Cabell	G. C. Morrison	Huntington
Harrison	C. C. Jarvis	Clarksburg
Kanawha	G. B. Capito	Charleston
	Henry M. Escue	Charleston
	R. A. Ireland	Charleston
Mercer	M. W. Sinclair	Bluefield

VA Contract Renewed

Renewal of the contract between the State Medical Association and the Veterans Administration for hometown care of veterans was approved by the unanimous vote of the members. There is no change in the terms and conditions of the program, and the term of the new contract is from July 1, 1956 to and including June 30, 1957.

Medical Examiner's System

Dr. Athey R. Lutz of Parkersburg, president of the Association, and Dr. Boyd K. Black, pathologist of that city, presented the draft of a proposed bill for introduction in the Legislature concerning a Medical Examiner's System for West Virginia. Copies of the bill were distributed to the members, and Doctors Lutz and Black explained the bill item by item.

The Council went on record approving in principle the proposals included in the report and the whole matter was referred to the fact finding and legislative committee for further study and report back to the Council.

Report on HR 7225

The Council considered the action of the Senate finance committee in deleting the disability provisions of the social security bill HR 7225, which provisions have been declared objectionable by members of the medical profession.

Wires signed by all of the members present were sent to Senators M. M. Neely and William R. Laird, commending the action of the Senate committee for

deleting the disability provisions and requesting the two Senators from West Virginia to oppose vigorously the reinsertion of the objectionable provisions when the bill reaches the floor of the Senate.

A letter from Dr. George F. Lull, Secretary-General Manager of the AMA, enclosing a copy of a resolution adopted by the AMA House of Delegates concerning the establishment of cancer commissions by State Medical Societies, was referred to the cancer committee for proper consideration.

Industrial Health Report Referred

Recommendations heretofore made by the committee on industrial health, embodied in annual reports for 1954 and 1955, have been under consideration by a special committee composed of Drs. Seigle W. Parks of Fairmont, Russell A. Salton of Williamson and E. H. Starcher of Logan.

The committee submitted a report which was referred to Dr. J. L. Thompson of Weirton, now chairman of the committee on industrial health, for consideration by the members of his committee and report back to the Council at the pre-convention meeting which will be held at the Greenbrier on August 22, 1956.

Ninth Rural Health Conference At Jackson's Mill, Oct. 4

The ninth annual Rural Health Conference will be held at Jackson's Mill on Thursday, October 4. The conference is sponsored annually by the West Virginia State Medical Association in cooperation with the West Virginia Farm Bureau, West Virginia Home Demonstration Council, Agricultural Extension Service, and the State Department of Health.

The one-day meeting will get under way at ten o'clock with adjournment set for 4 P. M. Lunch will be served at noon in the Mt. Vernon Dining Hall with the West Virginia State Medical Association as the host.

Dr. F. S. Crockett of Lafayette, Indiana, chairman of the AMA Council on Rural Health, and Aubrey D. Gates of Little Rock, Arkansas, field director of the Council, will attend the conference.

The program is now being arranged by a committee under the chairmanship of Dr. Jerome C. Arnett of Rowlesburg, who is chairman of the West Virginia State Medical Association's Committee on Rural Health. All local state groups interested in rural health will be invited to send representatives to the conference. The attendance exceeded 150 at the meeting in 1955.

A special effort will be made this year to enlist the interest of young groups in rural communities to the extent that there may be at least one representative from each such group at the annual conference.

Relocations

Dr. Harry F. Schneider of Gilbert has moved to Delbarton, where he will continue in general practice.

* * * *

Dr. R. R. Brown of Fort Ashby has moved to Romney where he will continue in general practice.

Medical Care In Coal Mine Areas Discussed At May Conference

The fourth annual Conference on Medical Care in the Bituminous Coal Mine Area, sponsored by the Committee on Medical Care for Industrial Workers of the AMA Councils on Medical Service and Industrial Health, was held at the Daniel Boone Hotel in Charleston on Sunday, May 6.

Delegates were present from various Councils and Committees of the AMA, and from Kentucky, Pennsylvania, Tennessee, Virginia, and West Virginia. Representatives from state medical associations in Alabama, Colorado, Illinois, Ohio, and Oklahoma were also present.

The United Mine Workers Welfare and Retirement Fund was represented by Area Medical Administrators from Kentucky, Pennsylvania, Tennessee, and West Virginia, together with representatives from the headquarters offices in Washington, D. C.

Group Welcomed by Doctor Lutz

The meeting was called to order by the chairman, Dr. W. A. Sawyer of Rochester, New York, and the address of welcome was given by Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association.

Reports covering activities of UMW liaison and advisory committees during the past year were submitted by the following chairmen of state committees:

Kentucky, Dr. Carl H. Fortune of Lexington; Pennsylvania, Dr. Edgar F. Meiser of Lancaster; Tennessee, Dr. R. B. Wood of Knoxville; Virginia, Dr. James P. Williams of Richlands; and West Virginia, Dr. J. C. Huffman of Buckhannon.

Area medical administrators reported as follows: Kentucky, Dr. Asa Barnes of Louisville; Pennsylvania, Dr. F. H. Arestad, Johnstown, and Dr. Leslie A. Falk of Pittsburgh; Tennessee, Dr. J. D. Winebrenner of Knoxville; and West Virginia, Dr. H. T. Marshall, Morgantown.

Report of Field Trip

At the luncheon following the morning session, Dr. Leo Price of New York City, a member of the AMA Commission on Medical Care Plans, addressed the group and reported in detail concerning the tour of coal fields in Virginia and West Virginia on Friday and Saturday preceding the meeting.

Dr. Warren F. Draper of Washington, D. C., executive medical officer of the UMW Welfare and Retirement Fund, was the principal speaker at the afternoon session. His subject was "Major Accomplishments and Pending Problems", and his address was followed by a panel discussion by members of the committee on medical care for industrial workers, including, Drs. Frederick W. Slobe of Chicago, Edwin P. Jordan of Charlottesville, Virginia, and M. N. Newquist of New York City.

Doctor Sawyer closed the afternoon session with a summation of the reports and discussion held during the day.

The meeting is held annually for the purpose of developing better relations between Fund administrators and state medical associations for the solution of mutual problems "stemming from the desire to improve the quality of medical care in the bituminous coal mine area."

Tour of Coal Mining Area

More than 90 representatives of the various groups attended the meeting in Charleston, and 35 physicians made the field tour on Friday and Saturday, May 4-5. Hospitals in the Bluefield, Princeton and Beckley areas in West Virginia and the Richlands-Bishop area in Virginia were visited by the group.

Several out-of-state members of the delegation were shown through the Cranberry coal mine near Beckley.

The Bluefield Sanitarium was host at a luncheon on Friday, the first day of the tour, and that evening a buffet dinner, sponsored by the Mercer and McDowell County Medical Societies and the Tazewell and Giles County (Virginia) Medical Societies, was held at the Bluefield Country Club.

Group preparing for an underground inspection tour of Cranberry Mine No. 1 near Beckley.

Dr. Jess P. Champion of Princeton, president of the Mercer County Medical Society, was the toastmaster and delivered the address of welcome to the members of the visiting group.

Dr. Frank J. Holroyd of Princeton, a member of the AMA Committee on Medical Care for Industrial Workers, was chairman in charge of the arrangements for the field trip in the Princeton-Bluefield-Virginia area, which included a visit to the "Pocahontas Show Mine" at Pocahontas, Virginia. Other members of the committee were Drs. Charles M. Scott, E. L. Gage and Hampton St. Clair, all of Bluefield, and Gordon Todd of Princeton.

Luncheon on the second day was served at the Black Knight Country Club in Beckley, and the arrangements there, as well as the tour of the Beckley coal mining area, were under the direction of Drs. W. Fred Richmond, C. W. Merritt, B. B. Richmond, A. U. Tieche and Deane F. Brooke of Beckley, and William H. Riheldaffer of Charleston.

The two-day field trip closed with a dinner at the Elks Club in Beckley on Saturday evening. The president of the Raleigh County Medical Society, Dr. John W. Whitlock, served as toastmaster, and Doctor Holroyd introduced the guest speakers.

At the "Pocahontas Show Mine" in Virginia.

The delegation returned to Charleston Saturday evening and the members remained through the conference on Sunday.

MLB Licenses 22 Physicians

At the spring meeting of the Medical Licensing Board, held April 24, 1956, at the New State Office Building in Charleston, 22 physicians were licensed by reciprocity to practice medicine in West Virginia as follows:

Bogarad, Irwin M., Weirton
Boyea, Lyle Henry, Man
Boysen, Theophilus H., III, Man
Christian, William Henry, Jr., Roanoke, Virginia
Cornwell, Forest Augustus, Beckley
Davis, Everett Gerald, Jr., Man
Foster, Houston Griffiths, Weston

Jones, Robert Bruce, Jr., Princeton
Kimbrough, James Edward, Beckley
Kopando, Bernard Francis, Clarksburg
Levy, Arthur Edgar, South Williamson, Kentucky
Lewine, Robert Allen, Wheeling
Rayburn, Clarence G., Williamson
Roncaglione, Carl J., Richmond, Virginia
Sharpsteen, Jay R., Jr., Man

Shuster, Allan R., Williamson
Simmon, Vincent J., Man
Sweetman, Homer Allen, Richmond, Virginia
Swigart, LaVern L., Williamson
Thornburgh, David B., Williamstown
Wilder, Theodore S., Beckley
Wolf, Paul Aaron, Charleston

The summer meeting of the Medical Licensing Board will be held July 16-18 at the New State Office Building in Charleston for the purpose of examining applicants for license to practice in West Virginia.

WVU MED ALUMNI LUNCHEON

The Alumni Association of the West Virginia University School of Medicine has arranged a luncheon at the Hotel Morgan in Morgantown on Sunday, June 3, at 12:30 P. M. Following the luncheon, there will be a conducted tour of the Basic Science Building at the new Medical Center of the University.

Commencement exercises at the University will be held on Monday, June 4.

32nd State Health Conference In Charleston, June 7-8

The 32nd annual State Health Conference will be held at the Daniel Boone Hotel in Charleston, June 7-8, 1956. The theme will be "Strengthening Public Health Through Greater Understanding."

The first session is scheduled for Thursday morning, June 7 at ten o'clock.

Eugene M. Ashworth of Charleston, president of the West Virginia Public Health Association, and chief of rehabilitation service of the West Virginia Division of Vocational Rehabilitation, will preside.

The invocation will be given by the Rev. J. H. Johnson, associate pastor, Bream Memorial Presbyterian Church, Charleston.

Honorable John T. Copenhaver, Mayor of Charleston, will deliver the address of welcome.

Dr. N. H. Dyer will be the first speaker on the program. His subject will be, "75 Years of Public Health in West Virginia, 1881-1956."

Edgar J. Forio of Atlanta, Georgia, vice president of the Coca-Cola Company, will present a paper on the subject of "Public Relations in Public Health."

Second Session on Friday

Oliver Matthews of Kingwood, first vice president of the West Virginia Public Health Association and senior sanitarian of the Preston County health department, will preside at the second session, which will open on Friday morning at nine o'clock.

The following program will be presented during the morning:

"Perspectives in the Recognition and Control of Virus Diseases."—R. Walter Schlesinger, M. D., Professor of Microbiology and Director of the Department, St. Louis University School of Medicine.

"Legislative Philosophy of Public Health in West Virginia."—Honorable Glenn Jackson, Logan, chairman, senate finance committee, Senate of West Virginia.

The morning session will close with an open forum, the theme of which will be, "Public Health—Every Body's Business."

Dr. Fred J. Holter of Morgantown, Professor and Graduate Advisor of the School of Physical Education at West Virginia University, will be the moderator.

The following will sit as members of the panel: Dr. Athey R. Lutz, president, West Virginia State Medical Association; Mrs. Dean Johnson, Buckhannon; J. J. Straight, superintendent of Marion County schools, Fairmont; Miss Kathleen Jackson, assistant chief, division of research and statistics, Department of Public Assistance, Charleston; and Dr. Bruce H. Pollock, health officer, Cabell-Huntington health department, Huntington.

Dr. T. L. Harris Banquet Speaker

Dr. Thomas L. Harris of Parkersburg, who served as a member of the Public Health Council (now Medical

New State Office Building in Charleston, home of the State Department of Health. The Department occupies the entire fifth floor of the building.

N. H. Dyer, M. D.

Licensing Board), and past president of the West Virginia State Medical Association, will be the guest speaker at the banquet on Thursday evening. His subject will be "75 Years of Public Health in West Virginia has Paid Off."

The banquet will commemorate the 75th anniversary of the passage of legislation establishing an organized public health program for West Virginia. Members of the State Board of Health and all members of the West Virginia Public Health Association are invited to be present.

PG Course In Occupational Medicine

A comprehensive course in occupational medicine for physicians will be held at the Postgraduate Medical School of New York University-Bellevue Medical Center this fall.

The course will be offered during a term beginning September 10 and ending November 2, 1956. The tuition is $350.

Dr. Norton Nelson, Chairman of the Institute of Industrial Medicine, has announced that the following subjects will be among those offered to physicians: Organization and administration of an industrial medical department; preventive and constructive medicine in industry; occupational diseases; toxicology and industrial hygiene for the physician; biostatistics; and communicable disease control and epidemiology. Opportunities will be provided for attendance at medical, surgical and clinico-pathological conferences during the course.

Full information concerning the course may be obtained by writing to the Dean, New York University Postgraduate Medical School, 550 First Avenue, New York 16, N. Y.

Mrs. Bossie Reelected President Of Practical Nurses Group

Mrs. Edith D. Bossie of Dunbar was reelected president of the Practical Nurses of West Virginia, Inc., at the fourth annual convention held in Beckley, April 19-20, 1956. Other officers were elected as follows:

First vice president, Marjorie Flanagan, Huntington (reelected); second vice president, Mildred Miller, Bradley; secretary, Helen Thomas, Huntington; assistant secretary, Evelyn Gilmer, Fairmont; and treasurer, Maxine Cavender, Charleston.

The following were named as committee chairmen: By-Laws, Nena Hildebrand, Charleston; nominating, Marie Freeland, Charleston; education, Eleanor Jones, Charleston; contact, Alma Cook, Beckley; membership, Jennie Dunn, Huntington; civil defense, Lillian Sage, Wheeling; and public affairs, Charlotte Devine, Elkins.

All district presidents will serve as members of the committee on legislation.

State Medical Association Award Won By Fairmont Student

Miss Ruth Yelcich, a student at Fairmont Senior High School, received the award of $25 offered by the West Virginia State Medical Association to the member of the West Virginia Junior Academy of Science for the best paper on a medical subject submitted during the school year 1955-56.

Miss Yelcich's paper, "Preventing Mental Illness," was given before the members of the Junior Academy at a meeting held at West Virginia State College, at Institute, on April 20, 1956.

Doctor Grattan G. Irwin Honored For Outstanding Service

Dr. Grattan G. Irwin of Charleston, who has been chief of the department of urology at Charleston General Hospital for the past 35 years, was awarded an engraved plaque at the seventh of a series of special lectures being presented by the department of postgraduate medical education at Charleston General Hospital on Saturday and Sunday, April 29-30.

The award was made to Doctor Irwin in recognition of his services to the profession and the community.

Dr. Lloyd G. Lewis of Washington, D. C., professor of urology at Georgetown University School of Medicine, was the guest speaker at the meeting. His subject at the Saturday morning session at Charleston General Hospital was "Renal Physiology," and he discussed "Urinary Cancer" at the afternoon meeting at the Daniel Boone Hotel, which was held jointly with the annual meeting of the Charleston General Hospital Alumni Association.

Charleston Doctor Certified

Dr. James W. Lane of Charleston has been certified by the American Board of Urology.

Workshop Scheduled Prior To Health Conference

A one-day Health Education Workshop, sponsored by the State Department of Health will be held at the Daniel Boone Hotel in Charleston, June 6, the day preceding the opening of the 32nd State Health Conference in that city.

The theme of the pre-conference workshop will be, "The Citizen Talks Back." David L. Griffith of Charleston, director of the bureau of public health education, State Department of Health, will preside, and the address of welcome will be given by Dr. N. H. Dyer, State Director of Health.

Mrs. John F. McCuskey of Clarksburg will be the speaker at the morning session, and her subject will be, "The Citizen Looks On His Services Today and Tomorrow in the Many Fields of Public Health."

An orientation for group discussion will follow Mrs. McCuskey's address, at which time resource persons, group leaders, inquirers and records will be introduced by the chairman, and a discussion period for the various groups will follow.

Mrs. William McConway Hiscock, M.S., of Charleston, health education consultant to the division of maternal and child health, will preside at the afternoon session. The reactor panel will remain in session until 2:30 o'clock. The moderators will be William R. Barrett of Charleston, staff correspondent of the United Press, and Herbert C. Little, also of Charleston, state editor of the Associated Press.

The participants will be Thomas A. Deveny, Jr., Executive Director, West Virginia Tuberculosis and Health Association, David L. Griffith, and Mrs. William P. Stevenson, member of the Junior League, all of Charleston; Mrs. Dean Johnson, President West Virginia Home Demonstration Council, Buckhannon; B. L. Murray, plant sanitation supervisor, industrial relations department, Carbide and Carbon Chemicals Company, South Charleston; and Mrs. John F. McCuskey, of Clarksburg.

Discussion groups will be in session from 2:30 until four o'clock, when the reports of recorders will be received. Adjournment of the workshop is scheduled for 4:30 P. M.

Summer Meeting of MLB, July 16-18

The summer meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston, July 16-18, for the purpose of examining applicants to practice medicine in West Virginia. The examination of applicants for licensure by reciprocity is scheduled for July 20.

Doctor Fordham Honored by IMA

Dr. George F. Fordham of Mullens has been elected to fellowship in the Industrial Medical Association "in recognition of outstanding work in the field of industrial medicine." He was notified of his elevation to fellowship in the Association in a letter addressed to him by the president, Dr. Kieffer Davis.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

June 7-8—State Health Conf., Charleston.
June 7-10—ACCP, Chicago.
June 11-15—AMA Annual Meeting, Chicago.
June 21—Annual B-R-T PG Session, Elkins.
July 15—Symposium, Va. and W. Va. Chaps, AAGP, White Sulphur Springs.
July 16-20—Medical Licensing Board, Charleston.
Aug. 20-22—Working Conf. on School Health, Jackson's Mill.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Sept. 13-14—W. Va. TB and Health Assn., Beckley.
Sept. 20—W. Va. Heart Assn., Bluefield.
Sept. 29—ACS Regional meeting, Charleston.
Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8-12—ACS, San Francisco.
Oct. 9-14—World Med. Assn., Havana, Cuba.
Oct. 14-17—Med. Soc. of Virginia, Roanoke.
Oct. 22-25—Interstate Postgraduate Med. Assn., Cleveland.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

W. Va. Children's Home Society To Provide Maternity Care

The Children's Home Society of West Virginia, Inc., a privately licensed adoption agency serving the entire state, has announced that it is providing adequate maternity home care for those wishing to place a child for adoption, as well as those desiring confidential care during pregnancy. Case work counseling is provided, together with medical care and hospital delivery. The agency absorbs costs or charges according to ability to pay.

Letters of inquiry may be addressed by physicians to Children's Home Society of West Virginia, Inc., Box 2942, Charleston 30, West Virginia, or phone calls made at anytime to Charleston 6-1716 or 6-1717.

New Secretary of AMA Council On Industrial Health

Dr. B. Dixon Holland, a native of Denton, Texas, has been named by the Board of Trustees of the AMA as secretary of the Council on Industrial Health. He succeeds Dr. Carl M. Peterson, who died September 27, 1955, as the result of injuries sustained in a plane crash near Ashville, North Carolina.

Doctor Holland is presently serving with the rank of Colonel in the U. S. Army Medical Corps, and is director of the Army Federal Civilian Employees' Health Service and chief of preventive medicine and assistant surgeon at the Aberdeen Proving Ground, Maryland.

Doctor Holland was among those attending the Fourth Conference on Medical Care in the Bituminous Coal Mine Area which was held at the Daniel Boone Hotel in Charleston on May 6.

Annual ACCP Meeting in Chicago

The 22nd annual scientific assembly of the American College of Chest Physicians will be held in Chicago, June 7-10.

The program for the four-day meeting will include seminars, symposia, round-table luncheon meetings and "Fireside Conferences."

The First Louis Mark Memorial Lecture will be presented on Thursday evening, June 7, by Dr. Leroy E. Burney, Assistant Surgeon General, United States Public Health Service. His subject will be "What Can the Public Health Service Contribute to the Private Practice of Medicine."

An interesting entertainment program for wives of visiting physicians has been arranged in connection with the meeting.

Crippled Children's Society To Meet in Washington

The National Society for Crippled Children and Adults will hold its 35th annual meeting in Washington, October 28-31. Convention headquarters will be at the Hotel Statler.

The program for the four-day meeting of the National Society will feature addresses by authorities in the field of rehabilitation, together with displays of the newest appliances for crippled children and adults.

Dr. Walter Blount, immediate past president of the American Academy of Orthopedic Surgeons, will be among the guest speakers who will appear at the general sessions planned during mornings of the convention. The afternoon programs will be devoted to workshops, seminars and institutes covering many phases of rehabilitation.

Dr. James B. Johnson, chairman of the meeting, has announced that in addition to the scientific program, there will be a pageant on "Progress in Prosthesis and Appliances," displaying wheelchairs, crutches, braces, artificial prothesis and other equipment from 1906 to 1956; a demonstration by the District of Columbia Society for Crippled Children showing its clinical and educational program; and a luncheon which will bring together specialists from governmental and private agencies who work with the handicapped.

Tentative plans also call for tours of the Capital city and a tea at one of the Washington embassies.

Doctor Golden Attends Defense Meeting

Dr. B. I. Golden of Elkins, medical director of the Memorial General Hospital in that city, was among a group of about 100 persons who attended the Joint Civilian Orientation Conference in Washington, early in May. The invitation to participate in the conference was extended to Doctor Golden by Charles E. Wilson, secretary of defense.

The purpose of the conference was to give carefully selected representatives of the public an overall picture of the national defense program and to obtain their views on various aspects concerning civilian defense.

New AMA Medical Directory Available To Subscribers

The 19th edition of the American Medical Directory has been completed and copies are now being mailed to subscribers. This is the first edition of the directory since 1950. Another edition was scheduled for publication in 1952, but had to be postponed due to the change-over to a dues-paying membership structure in the American Medical Association during that period, which made it impossible to obtain an accurate list of members of the Association.

Philip E. Mohr, editor of the AMA Directory Department, said the new directory required 20 months of work and that "it was only through the cooperation of the medical profession and allied organizations that it was possible to bring the directory up to date and produce a book of this scope."

The new directory with a total of 3,122 pages, contains information on 240,638 physicians in the United States, its dependencies, and Canada. Since 1950, 46,348 names have been added to the dirctory; 24,225 have been deleted because of death, and 1,172 deleted for other reasons. More than a quarter of a million changes of address have been recorded since 1950.

Statistical information included in the directory shows that 30 per cent of the physicians in the United States are engaged in general practice; 10 per cent give special attention to a specialty, but do not limit their practice to it; 31 per cent limit their practice to a specialty; 11 per cent are serving internships or residencies, with an additional 6 per cent in other full-time hospital services; 5 per cent are retired or not in practice; 4 per cent are not in private practice; and 3 per cent are temporarily in military service or serving in various government agencies.

There are 218,061 physicians listed in the United States, or a gain of 16,784 over the 201,277 figure recorded in the 1950 directory. This shows an average yearly gain of 2,797 during the past six years. The directory lists 17,906 physicians in Canada, compared with a total of 14,596 in 1950.

The price of the directory is $30 per copy, including postage within the United States. Orders may be mailed to Philip E. Mohr, Editor of the Directory, American Medical Association, 535 N. Dearborn Street, Chicago 10, Illinois.

State Physicians On Program At Walter Reed Seminar

Two Charleston physicians were among the speakers at a special postgraduate seminar on diseases of the heart which was held at Walter Reed Army Medical Center in Washington, D. C., May 14-17.

Dr. Walter G. J. Putschar discussed "Glyogen Disease," and Dr. Morris H. O'Dell's subject was "Pathology of Coronary Atherosclerosis." Physicians from over the country attended the seminar sessions, which were sponsored by the Armed Forces Institute of Pathology and the American Heart Association.

Medical-Legal Group To Prepare Interprofessional Code

A joint committee representing the West Virginia State Bar and the West Virginia State Medical Association has named former Governor Homer A. Holt of Charleston, and Dr. Walter E. Vest of Huntington as members of a sub-committee to draft an "Interprofessional Code" between members of the medical and legal professions in the state.

The purpose of such a code would be to foster a better understanding of problems existing between physicians and attorneys with particular reference to medical testimony in court and other related matters.

The sub-committee was named during the organization meeting of the joint committee which was held in Charleston on April 21. The responsibility of drafting the preliminary code will be in the hands of Governor Holt and Doctor Vest who, in turn, will first submit the draft to their respective committees and finally to the joint committee for approval.

The State Medical Association was represented at the meeting by the chairman, Doctor Vest, and Drs. Frank J. Holroyd of Princeton, James S. Klumpp of Huntington, and Russel Kessel of Charleston. Dr. Sobisca S. Hall of Clarksburg, also a member, was unable to attend the meeting.

Representing the State Bar were Governor Holt, the chairman; and Messrs. Amos A. Bolen of Huntington, James M. Guiher of Clarksburg, R. Glenn Lilly of Charleston, and Charles A. Tutwiler of Welch.

The meeting was also attended by Oshel C. Parsons, secretary of the West Virginia State Bar, and William H. Lively, assistant executive secretary of the West Virginia State Medical Association.

The members of the joint committee named Governor Holt as chairman, and he presided at the meeting. He reported concerning the work that had been done by the legal members of the group prior to the meeting.

He said his group had discussed thoroughly the codes adopted by other states, and had considered additional material which the members of his committee feel should be included in any code contemplated by the medical and legal groups in this state.

Doctor Vest reported that the State Medical Association and the press, radio and TV media in this state had developed a closer and more understanding relationship following the adoption of a code of ethics in 1951. He also summarized the results of the annual Press-Radio-TV conferences which are sponsored by the State Medical Association in cooperation with the various news media.

The committee discussed at length the problems existing between the medical and legal professions, and the members agreed that a mutually acceptable solution to each of these difficulties should be embraced within the proposed "Interprofessional Code."

Another meeting will be held upon the completion of the preliminary work, including the drafting of a code by Governor Holt and Doctor Vest.

Doctors In The Service

Captain Frank A. Reda, Jr. (MC), USA, of Terra Alta, who has been attached to the ob. and gyn. service at Brooke Army Hospital in Fort Sam Houston, Texas since July 1954, will be released from the service July 1, 1956. He has been accepted for a senior assistant residency in obstetrics and gynecology at the Medical College of Virginia, effective as of that date.

Members of the joint Interprofessional Code committee representing the West Virginia State Bar and the West Virginia State Medical Association at the organization meeting in Charleston on April 21.

Left to right, Dr. Russel Kessel of Charleston, Charles A. Tutwiler of Welch, Dr. Frank J. Holroyd of Princeton, James M. Guiher of Clarksburg, Amos A. Bolen of Huntington, Dr. Walter E. Vest of Huntington, Homer A. Holt of Charleston, R. Glenn Lilly of Charleston, and Dr. James S. Klumpp of Huntington.—Photo, courtesy The Charleston Gazette.

Woman's Auxiliary Completes Plans For Annual State Meeting

The 32nd annual convention of the Woman's Auxiliary to the West Virginia State Medical Association will be held at the Greenbrier in White Sulphur Springs, August 23-25, 1956. The meeting will be held conjointly with that of the State Medical Association.

Mrs. Hubert A. Shaffer of Morgantown, and Mrs. Charles A. Haislip of Grafton, the co-chairmen of the program committee, have announced that the pre-convention board meeting will be held at 8 P. M. on Wednesday, August 22.

The first general session of the convention will be held at 10 A. M. on Thursday, August 23, and the second general session on Friday morning. The post-convention conference and board meeting has been tentatively scheduled for Saturday morning, August 25.

In addition to the business sessions, the program committee has planned many entertainment features for physicians and their wives attending the convention. As usual, there will be dancing in the ballroom each evening.

On Friday night, there will be a combined entertainment feature beginning at 10 P. M. Appearing on the program will be George Tonak, pianist-comedian, and Clyde Berkerbile, an amateur magician. Music and dancing will follow the appearance of these two guest entertainers.

Aside from the planned entertainment, the Greenbrier has excellent facilities for swimming, tennis, golf, horse-back riding and other popular sports. A golf tournament for members of the Auxiliary will be held during the three-day meeting, with Mrs. Robert J. Nottingham of Morgantown serving as chairman of the golf committee.

The program committee will plan entertainment for the children who accompany their parents to the convention. Parents who will be accompanied by children are requested to furnish their names and ages by letter addressed to Mrs. Charles A. Haislip, 100 Leonard Street, Grafton, so that the committee may be able to complete plans for this particular part of the entertainment program.

World Medical Association To Meet In Havana, Cuba

The 10th General Assembly of the World Medical Association will be held in Havana, Cuba, October 9-14. The first complete session is scheduled for October 10, which is Cuban Independence Day.

The meeting in Havana will mark the first time that a Latin American country has played host to the Assembly. The only other meeting ever held in the Western Hemisphere was the 1950 Assembly in New York City.

Guests will be registered on October 9 and scientific sessions will be held through October 14. A post-convention excursion to Veradero Beach is planned for October 15.

Deductible Clause Authorized For Blue Cross Contracts

Permission for the inclusion of an optional deductible clause in Blue Cross hospital contracts is provided for in a new regulation promulgated by Thomas J. Gillooly, State Insurance Commissioner.

The new optional deductible feature was approved by the insurance department along with new standard hospital service and medical service contracts.

The new clause provides that the subscriber is to pay the first $25 of his hospital expenses. All costs above that figure are to be paid by the hospital service plan.

If adopted by groups subscribing to a Blue Cross plan, some officials estimate that there might be a decrease of 20 per cent in premiums. Rate changes would be subject to the approval of the department.

Native West Virginian Named Mayo Clinic Consultant

A native West Virginian, Dr. John A. Dyer of Petersburg, has been named as a consultant in ophthalmology to the Mayo Clinic staff in Rochester, Minnesota.

Doctor Dyer, who is the son of Dr. and Mrs. Vernon L. Dyer of Petersburg, will receive the degree of master of science from the University of Illinois in June. He entered the Mayo Foundation as a fellow in ophthalmology in 1953.

Dr. W. R. Gregory New Superintendent At W. Va. Training School

Dr. Wheeler Russel Gregory of Jackson, Louisiana has been named by Governor William C. Marland as superintendent of the West Virginia Training School at St. Marys.

Doctor Gregory succeeds Dr. Ralph Zemer, who resigned to accept appointment as head of the Los Lumas School for the Mentally Retarded at Los Lumas, New Mexico.

The new superintendent is a member of the staff of the East Louisiana State Hospital in Jackson. He has had many years of experience in psychiatry and public school work. He was formerly a member of the staff of VA hospitals at Los Angeles; Danville, Illinois; Whipple, Arizona; Legion, Texas; and Walla Walla, Washington.

Doctor Nestmann on Marion TB Program

Dr. Ralph H. Nestmann of Charleston was the guest speaker at the annual dinner meeting of the Marion County Tuberculosis and Health Association, which was held at the Central Christian Church, in Fairmont, May 3, 1956. His subject was, "The Relationship of Emotionally Disturbed People and Tuberculosis."

Doctor Nestmann is president of the West Virginia Trudeau Society and a member of the advisory board of the American Trudeau Society.

Dr. William R. Laird Receives Honorary Degree At MCV

Dr. William R. Laird of Montgomery received the honorary degree of Doctor of Literature at commencement exercises of the Medical College of Virginia, May 29. At the same time, Dr. Walter B. Martin of Norfolk, Virginia, past president of the American Medical Association, was given the honorary degree of Doctor of Science.

Doctor Laird, long-time surgeon at the Laird Memorial Hospital, and president of Laird Foundation, which was created and endowed principally through his own efforts, is a member of the Fayette County Medical Society, the West Virginia State Medical Association, and the American Medical Association. He is a Fellow of the American College of Surgeons and a Diplomate of the American Board of Surgery.

William R. Laird, M. D.

Many honors have been bestowed upon Doctor Laird in the past. He holds the degree of Doctor of Law from Hampden-Sydney College, Doctor of Science from West Virginia Institute of Technology, and Doctor of Humane Letters from both West Virginia Wesleyan College and Salem College. He is a member of Alpha Omega Alpha Honor Medical Society.

Doctor Laird is a member of the Board of Directors of the Daywood Art Gallery in Lewisburg, and the Education Foundation, Inc., of Charleston.

Except for that age-old pillar of learning, the mother's knee, there are few situations in which the opportunities for learning are greater than in the physician's consulting room. Motivation, so hard to establish elsewhere, is already furnished—the patient has sought the physician.—J. Medical Education.

West Virginians Complete Plans For AMA Convention

Dr. Hu C. Myers of Philippi will be one of the speakers before the section on general practice at the annual meeting of the American Medical Association in Chicago, June 11-15. Doctor Myers will present a lecture on "Early Diagnosis of Carcinoma of the Stomach" on Wednesday morning, June 13.

Two members of the Woman's Auxiliary to the West Virginia State Medical Association will participate actively in the proceedings of the annual convention of the Woman's Auxiliary to the American Medical Association. Mrs. Paul P. Warden of Grafton, President of the Woman's Auxiliary to the State Medical Association, is a member of the resolutions committee which will function at the national convention.

Mrs. Charles L. Goodhand of Parkersburg, Legislation Chairman, will preside at a round-table discussion on legislation which will be held on Monday, June 11. She is a past president of the Auxiliary to the State Medical Association.

The two West Virginia delegates to the AMA House of Delegates, Dr. Walter E. Vest of Huntington and Dr. Frank J. Holroyd of Princeton, will be present at all of the sessions in Chicago. For the first time in several years, an alternate delegate from this state will be present at the annual meeting. Dr. J. C. Huffman of Buckhannon will attend all of the sessions of the House of Delegates.

Malpractice Still A Problem

Since 1948 at least, malpractice has been a problem in the United States, and for many years surveys and studies have been conducted. Committees have been formed and have functioned well in efforts to prevent malpractice claims and defend malpractice litigation; yet the problem, if it isn't worse, is definitely no better.

There is an answer. It is simple—simple in saying, even though imposing in implementation. Studies are not self-executing. Surveys are post facto. All the studies and all the surveys in themselves will not reduce the incidence of malpractice claims or lessen the cost of malpractice insurance one iota.

A malpractice claim can arise only out of the practice of the physician. It is incontrovertible that the one against whom claim or suit may be brought is the only one who can reduce malpractice claims to the irreducible minimum. No committee can reduce malpractice; no survey can reduce rates.

The individual practicing physician alone must observe his obligations to himself, to his colleagues and to his patients to remove the causes which lead to litigation. Personal, serious, conscientious effort is indicated. Every practicing physician must realize that every patient is a potential claimant. He must realize that "it can happen to him." No one has special immunity, and it is hazardous to proceed on the assumption that although it happened to others "it won't happen to me."—Edwin J. Holman, L.L.B., in Rocky Mountain Medical Journal.

The West Virginia Medical Journal

July 1956 Vol. 52, No. 7

Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy*

M. L. Hobbs, M. D., and J. B. Harley, M. D.

Hematoma of the rectus abdominis muscle is a complication of anticoagulant therapy, though seldom recognized as such. The possibility of bleeding into the urinary tract, the gastro-intestinal tract, the skin, or the central nervous system is well known. Occult bleeding may occur and result disastrously if not early recognized and treated.

Approximately 300 cases of hematoma of the rectus abdominis muscle, with only three deaths,[6] have been reported.[2] In 17 per cent of the cases, the diagnosis was made preoperatively.

The etiologic factors have been described as follows: (1) trauma, (2) cases associated with pregnancy, (3) cases occurring during the course of a disease, especially influenza, typhoid fever, or blood dyscrasia[4] and (4) idiopathic.[7]

In the first group, the majority of patients have been young, adult males, many of whom were soldiers or athletes. Many cases of this type have been reported by European military surgeons.[5] In the second group, hematoma has occurred during all stages of pregnancy including that of labor and the puerperium. There is a preponderance of cases occurring in multipara, especially among those who have borne a large number of children.

In the third group, hematoma occurs during the course of a disease, causing degeneration of the rectus muscle or of the vascular system. In the fourth group, with no cause of rupture of the rectus muscle being apparent, the patients usually seen are in the elderly age group, and in these cases the rupture is thought to be due to degenerative change in the arteries or in the muscle tissue.

*From the Department of Pathology, West Virginia University School of Medicine, Morgantown, West Virginia.

The Authors

- M. L. Hobbs, M. D., Professor of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.
- J. B. Harley, M. D., Assistant Professor of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.

Diagnosis

The diagnosis of hematoma of the rectus abdominis muscle has been made preoperatively on infrequent occasions. In the differential diagnosis of this condition, intra-abdominal disorders as well as lesions of the abdominal wall, must be kept in mind. In the majority of cases a palpable mass which does not move up and down with respiration will be demonstrable; when the abdominal muscles are contracted the tumor may become more prominent and fixed. When the abdominal muscles are relaxed, the mass may be moved slightly from side to side.

In many cases there will be definite abdominal rigidity either localized to the quadrant in which the lesion is located, or involving the entire affected side. Occasionally, there may be generalized abdominal rigidity. In most cases there is exquisite tenderness, and it has been noted that these particular patients hold themselves with great caution. Many patients appear to be in acute distress, a picture of shock evident to some extent depending upon the amount of hemorrhage as well as the extent of peritoneal irritation. Ecchymosis has been observed in a few

cases appearing, as a general rule, approximately at the end of a four-day period.

Anatomic Considerations

The rectus abdominis muscle differs from other muscles in construction and vascularization, and in the matter of vulnerability of its lower length to infection, especially of the types associated with typhoid fever and influenza. Unlike most muscles, the rectus does not overlay bone and, in the adult, is about 35 cm. long. To provide for proper distribution of its action, this muscle is equipped with four or five tendinous intersections which allow for its contraction in segments to approximately one-half its entire length. In the case of pregnancy, obesity, or ascites, however, it may become lengthened extensively.

The anatomical structure of this muscle necessitates a peculiar blood supply pattern in that the location of the veins must be considerably distant from the muscle, with laterals spaced at intervals so as not to shear or compress the vessels. The larger intramuscular arteries lie at a 60 to 90 degree angle to the long axis of the muscle. The lower rectus, the most powerful, receives its blood supply from a branch of the inferior epigastric artery arising from the external iliac near Poupart's ligament. The upper portion is supplied by the superior epigastric artery which is a branch of the internal mammary. It is covered anteriorly by a strong fibrous sheath over its entire length.

Posteriorly, there is a fibrous sheath on the upper two-thirds only; on the lower third, the area below the linea semicircularis (fold of Douglas), there is no fibrous sheath present. This anatomic arrangement is significant; a hematoma occurring in the lower third of the rectus may dissect laterally between the aponeurosis of the transversus abdominis and the transversalis fascia which covers the peritoneum.[3] Likewise, it is anatomically possible for a hematoma to cross the midline below the linea semicircularis since in this portion there is no dense fibrous tissue between the right and left rectus such as there is in the linea alba in the upper part of the abdomen.

On the other hand, a hematoma occurring above the linea semicircularis is definitely limited laterally by the flat tendons of the external oblique, the internal oblique and the transversus and is limited at the midline by the strong fibrous union of the rectus sheath. A hematoma of the upper part of the rectus muscle, however, may extend down the sheath of the rectus to points below the linea semicircularis. Since there is no fibrous sheath posteriorly in the lower third of the rectus muscle, a large hematoma occurring in this region exerts direct pressure on the transversalis fascia and the peritoneum.

No satisfactory anatomic nor pathologic explanation of the fact that various diseases, especially influenza and typhoid, cause degeneration of the lower portion of the rectus has presented itself. The subject was well described by Zenker, in 1863, and today the process is known as "Zenker's degeneration."

Treatment

Surgical treatment is indicated in most cases of hemorrhage into the abdominal wall, and, usually, the earlier it is instituted the more favorable the result. In blood dyscrasias and in complications of anticoagulant therapy, however, the primary disease must be coped with first.

Axelrod,[1] in 1951, reported the first two cases of spontaneous hematoma of the rectus abdominis muscle as a complication of anticoagulant therapy. He presented two case reports, the patient in each case having received Dicumarol in therapeutic amounts. In the first case, the patient was treated conservatively, and recovered; the patient in the second case underwent surgical exploration, with evacuation of the hematoma following therapy consisting of transfusions of whole blood and administration of vitamin K.

In a review of the literature pertaining to hematoma of the rectus abdominis, neither J. B. H. nor I found any record of fatality as a result of this condition. It is for this reason that the following case is reported.

Case Report

K. K., an 83-year-old white female, was seen first in November, 1954, and a diagnosis of arteriosclerotic heart disease with mild failure was made. She showed satisfactory response to therapy, although one year later gangrene of the left third toe began to develop. Anticoagulant therapy was started, this consisting of 2 tablets of Coumadin initially, and one tablet every third day thereafter. The patient returned home and had no further complaints except for abdominal pain which had begun five days after institution of the anticoagulant therapy. She was seen by her family physician whose diagnosis was intestinal obstruction. At that time a mass, exquisitely tender, was felt in the lower left quadrant. The patient was nauseated, and vomited several times. Her abdomen was not rigid. No distinct

evidence of bleeding was noted. Before the patient could be moved to a hospital for definitive care, she expired.

At autopsy, upon opening the abdominal wall, a large hematoma, extending from the costal margin on the left to the symphysis pubis, was found. This was primarily within the sheath of the rectus muscle and measured 9 cm. in diameter. The hemorrhage had extended into the left broad ligament, over the uterus and, to a slight extent, into the right broad ligament. It extended laterally also, between the abdominal muscles and fascia, to involve the left psoas.

To a lesser degree there was extension across the midline in the lower portion of the abdomen. It was estimated that there was at least 2000 cc. of clotted blood in the abdominal wall. The aorta and all its major branches showed marked atherosclerotic changes. Microscopic examination showed mild, chronic, passive congestion of the liver. The lungs showed some focal emphysema and pulmonary edema. Sections of the abdominis rectus muscle showed marked interstitual hemorrhage, separation of individual muscle fibers, with many of the muscle fibers showing degeneration as demonstrated by swelling of the sarcolemma sheath.

Summary

A brief discussion of hematoma of the rectus abdominis muscle is presented, with the report of a case resulting fatally as a complication of anticoagulant therapy.

References

1. Axelrod, M. & Kleinfeld: Unusual Hemorrhagic Complications in Dicumarol Therapy, N. Y. State J. Med. 51:2789-2790.
2. Black, B. M. & Stalker, L. K.: Spontaneous Hemorrhage into the Sheath of the Rectus Abdominis Muscle. Proc. Staff Meet. Mayo Clinic. 15:206-208.
3. Cullen, T. S. & Brodel, M.: Lesions of the Rectus Muscle Simulating an Acute Entero-abdominal Condition. Johns Hopkins Hosp. Bull. 61:295-348.
4. Kass, R. H. & Young, G. A.: Spontaneous Hematoma in the Rectus Abdominis Muscle, Calif. Med. 80:238-239.
5. Morton, P. C.: Spontaneous Rupture of Deep Epigastric Vein. J.A.M.A. 99:1943-1944.
6. Payne, R. H.: Spontaneous Rupture of the Superior and Inferior Epigastric Arteries Within the Rectus Abdominis Sheath, Ann. Surg. 108:757-768.
7. Teske, J. M.: Hematoma of the Rectus Abdominis Muscle, Am. J. Surg. 71:689-695.

Initial Treatment of Burn Casualties

PROPER treatment of burn casualties must start at the scene of the thermal injury. In general terms this means that we as physicians must see to it that both lay first-aid personnel and professional personnel are instructed in proper first-aid care of burn wounds.

If we consider the nature of the wound produced by thermal injury, be it flame, scald, contact, or flash burn, the principles of first-aid become obvious. First, the burn wound is a very large open wound. Frequently, it is from ten to twenty times the size of a laparotomy wound. Second, the burn wound is initially sterile, organisms in the immediate area of the burn wound having been killed by heat.

If we think of the burn wound in these terms, how can we justify rubbing large quantities of unsterile ointment or other greasy material into the wound as a first-aid measure? Obviously we cannot justify this unsound practice, and it is our responsibility to see it condemned.

The most rational first-aid measure which can be recommended at this time is protection of the burn wound with the most easily available sterile or clean covering. A dry sterile dressing is ideal. Most of the time sufficiently large sterile dressings are not immediately available, but laundered linens, such as sheets and pillow cases, are easily available, carry few pathogenic organisms, and afford a great deal of protection.—W. G. Schenk, Jr., M. D., in New York State Journal of Medicine.

Sarcoidosis: Its Diagnosis and Management*

Edward S. Ray, M. D.

Diagnosis

SARCOIDOSIS is a generalized disease process and is marked by miliary, non-caseating tubercles. Although the clinical picture is fairly characteristic, confirmation of the diagnosis usually rests on demonstration of the presence of the above mentioned tubercles in a biopsy specimen.

It should be pointed out that the tubercles characteristic of sarcoidosis may also be found in lymph nodes draining malignancies (such lymph node lesions draining carcinoma of the breast, lung and pancreas have been observed personally) and in lymph nodes in the lymphomata. Similar changes have been demonstrated in tuberculosis and in fungous diseases, especially histoplasmosis. In beryllium granulomatosis the histologic picture likewise is that of miliary, noncaseating tubercles. In addition to the pathologic picture, the clinical syndrome that has come to be recognized as sarcoidosis is characterized by an extensive and, usually, widespread process with few subjective manifestations. The contrast between what appears to be an advanced and serious illness and the paucity of symptoms is one of the distinctive features of the disease.

In more than 90 per cent of cases of sarcoidosis, the respiratory system is involved and in approximately one-third of this number the diagnosis first is suggested by what is shown on an x-ray taken in the course of a survey x-ray project among apparently healthy individuals. The characteristic chest x-ray findings are enlarged hilar lymph nodes and, usually, extensive pulmonary infiltration. The pulmonary infiltration is miliary in approximately one-third of the cases, infiltrative in another third, with approximately one-third of all cases showing only enlarged hilar nodes, no parenchymal disease being evident.

In addition to the extensive pulmonary lesions, with few or no symptoms, there are other clinical signs that aid in the diagnosis of sarcoidosis. Some of these are (1) involvement of other structures such as bone (15 per cent), skin (20 per cent), eyes (25 per cent), parotid gland (10 per cent) and facial nerve (paralysis, 10 per cent); (2) a negative tuberculin test (70 per cent), and (3) hyperglobinemia (approximately 50 per cent).

*Presented before the meeting of the Association of C. & O. Surgeons, White Sulphur Springs, W. Va., November 18, 1955.

The Author

- **Edward S. Ray, M. D., Associate Professor of Medicine, Medical College of Virginia, Richmond, Virginia.**

When the clinical picture of sarcoidosis is present, an effort should be made to obtain biopsy material in order to demonstrate the presence of noncaseating tubercles that are characteristic of the disease. In about 50 per cent of cases there is a peripheral lymph node available for biopsy purposes. In the remainder of cases one may utilize a scalene node for biopsy, or a specimen from the liver, or from the tonsils, or one from the skin. Experience with scalene node biopsy indicates that approximately 65 to 70 per cent will reveal the typical changes of sarcoid in cases in which the disease is present clinically.

When the diagnosis is suspected clinically, but available biopsy material is lacking, one may perform the Kveim test. This is done by introducing antigen prepared from a sarcoid lymph node or from a spleen into the skin and removing the resulting nodules (that form after several weeks) for biopsy purposes.

The clinical picture usually is sufficiently diagnostic in itself and a conclusive diagnosis of sarcoidosis can be made from it alone when characteristic signs are present. It is desirable to obtain biopsy material showing the noncaseating tubercles, but this is not necessary to establish the diagnosis. Certainly, it is more desirable to have a typical clinical picture without biopsy confirmation, than it is to have a biopsy specimen suggestive of sarcoidosis without a clinical picture of the disease.

Treatment

Many therapeutic agents have been tried in the treatment of sarcoidosis, but only cortisone

has given fairly consistent and beneficial results. Prior to the introduction of the adrenal steroids, we used gold therapy, x-ray therapy, nitrogen mustard and streptomycin. None of these agents proved of any benefit in the treatment of this disease. When streptomycin first was introduced, we selected six cases of miliary sarcoidosis in which the chest x-ray revealed extensive miliary lesions in addition to the hilar lymph node enlargement. These patients were treated with streptomycin daily for a period of two months, and there was noted no evidence of improvement over that period. Also, the progress of the disease did not appear to be influenced. More recently, INH has been used in the treatment of sarcoidosis without apparent beneficial effect.

Sarcoidosis is an inflammatory disease that is characterized by chronic granulomatous lesions, and as these lesions heal they are replaced by collagenous fibrous tissue and, finally, by nonspecific fibrosis. The rationale behind the use of cortisone and ACTH in this disease is the inhibitory effect that these agents have upon the formation of granulation tissue plus their power to reverse the formation of granulomatous tissue in some cases. It should be pointed out that this effect of cortisone on the response of tissue to whatever agent is the causative factor in sarcoidosis is a nonspecific type of reaction, and that cortisone does not remove nor influence this agent. Consequently, when cortisone is stopped while the causative agent is still active there will be reappearance of the sarcoid lesions. For that reason, steroid therapy should be used for a period of months and sometimes years.

Cortisone therapy, when used, should be instituted as early as possible in the course of sarcoidosis. It is more effective in preventing the formation of granulation tissue than it is in its resolution, and it has no effect on the final fibrotic stage.

The response of sarcoid lesions to cortisone also varies with the organ involved. Listed below are the more frequently encountered lesions of sarcoidosis, with the usual cortisone response:

Cutaneous — Good
Parotitis — Good
Eye — Good
Neuropathy (facial, ocular) — Good
Hilar nodes — Poor
Pulmonary — Fair to good
Splenomegaly — Fair

Because of the relatively benign course of most cases of sarcoidosis and the potential deleterious effect of the adrenal steroids on infection and on the metabolism of the host, cortisone therapy is best reserved for those cases in which serious disability occurs or is anticipated. I believe that steroid therapy is indicated in relation to the following lesions:

1. Eye
2. Pulmonary: progressive, extensive, disabling
3. Splenomegaly: hypersplenism, extreme size
4. Myocardial
5. Hypercalcemia

Sarcoid lesions of the eye (uveitis, iritis) cause the greatest number of disabilities. About 25 per cent of all cases of sarcoidosis have eye involvement, and prior to the era of cortisone therapy almost all resulted in serious visual disturbance. Three of our patients are totally blind as the result of sarcoidosis of the eye and there are several others who are blind in one eye. Fortunately, cortisone is extremely effective in the treatment of the eye lesions of sarcoidosis and the results are good in about 80 per cent of cases when treatment is begun early. All eye lesions due to sarcoidosis should be treated with cortisone.

In pulmonary sarcoidosis the disability from pulmonary insufficiency usually is the result of pulmonary fibrosis which is the result of healing of the sarcoid lesions. Therefore, for cortisone therapy to be of real value in pulmonary insufficiency it must be started prior to the development of the fibrosis. In other words, to prevent pulmonary crippling in sarcoidosis, cortisone must be given during the early exudative stage of the disease when there is extensive pulmonary infiltration with active sarcoid lesions, but at the same time few pulmonary symptoms. Therefore, cortisone should be given to the patient with pulmonary sarcoidosis fairly early in the course of the disease when the extent of the involvement is sufficiently great that one may anticipate that on healing the resulting fibrosis will be of such extent that pulmonary insufficiency will result. This, of course, is a difficult appraisal to make and there is no yardstick to aid in foretelling which cases will become disabled except the general assumption that the cases with the greatest amount of pulmonary involvement are those in which extensive pulmonary fibrosis and pulmonary insufficiency are most likely to develop.

We have given cortisone to three patients because of splenomegaly. In two of these cases, hypersplenism was present; one case responded well to steroid therapy, but in the other case splenectomy was necessary. The third case of

splenomegaly received the drug because of the discomfort resulting from a greatly enlarged spleen. In this case, the spleen, which reached the pelvis prior to therapy, decreased in size approximately one-third on therapy. The patient with asymptomatic splenomegaly probably should not receive steroid therapy.

Myocardial involvement from sarcoidosis creates a serious problem and, when severe, will result in cardiac failure and often death. When the electrocardiogram of patients with sarcoidosis shows evidence of myocardial damage, one should seriously consider the administration of steroid therapy.

In our series of sarcoidosis cases we have observed no instance of hypercalcemia, but there have been several cases reported in which there was an elevated blood calcium with precipitation of calcium in the body tissues. In several instances the amount of calcium precipitated in the kidneys has resulted in renal failure. The cause of the elevated calcium remains unknown, and is not related either to blood protein changes or to bone lesions. There have been several cases reported in the literature in which cortisone administration has resulted in reversal of the elevated blood calcium.

In our experience, cortisone has shown no influence on the total globulin, but from other studies apparently there is some decrease in the elevated gamma globulin on cortisone therapy.

In reviewing our cases in which cortisone was used, we noted with interest that in one case in which there was an eye involvement, the lungs remained clear for a period of two years, at the end of which the hilar lymph nodes became greatly enlarged. In another case in which cortisone therapy was given there was rapid and permanent improvement of the eye lesions, also the pulmonary lesions, but several months later a parotid gland became enlarged. This, of course, is further evidence that cortisone influences the tissue reaction to the causative agent, but exerts no influence whatsoever in the matter of eradicating this agent.

In the treatment of adults with serious sarcoidosis, the usual daily dosage of cortisone is 200 to 300 mg. in three divided doses, given for a 10 to 14 day period following which the dosage is reduced to 50 mg. daily. The latter dosage is maintained usually for six months, on an average. More recently, Meticorten has been substituted for cortisone because it has less effect on metabolism and electrolyte balance. The dosage, when using Meticorten, is approximately one-fourth that of cortisone.

The primary reason that cortisone is given with some hesitancy in the treatment of sarcoidosis is the fact that it causes rapid progression of tuberculosis if an active tuberculous lesion is present. The matter of cortisone therapy always is one of serious consideration and importance since it is likely that patients with sarcoidosis are more susceptible to infection by the tubercle bacillus. The incidence of development of tuberculosis in cases of sarcoidosis in which cortisone was not given is approximately 10 per cent, a rate considerably higher than that of its development in the population at large. Because of this potential danger we recently have been covering all of our tuberculin positive cases of sarcoidosis with INH when cortisone is given. I believe that it probably is wise to do the same in tuberculin negative cases since occasionally in these cases one sees, on follow-up, the development of active tuberculosis.

Conclusions

1. The diagnosis of sarcoidosis rests on three points, (a) the clinical picture, (b) histologic demonstration of the presence of noncaseating tubercles, and (c) the exclusion of tuberculosis, fungous infection and beryllium inhalation.

2. Treatment: Cortisone should be given in those cases in which there is serious disability such as, (a) eye lesions, (b) lung (advanced disease), (c) hypercalcemia, (d) hypersplenism, and (e) cardiac involvement.

Cataract Surgery in the Aged

Milton J. Lilly, Jr., M. D.

Let me state at the outset that the primary purpose of this paper is to show that people do not get too old to have their cataracts removed. No attempt will be made to discuss visual improvement or purely ocular complications. The discussion will be directed toward establishing the fact that cataract surgery can be done, without endangering life or general well being, in the extremely aged and even in the presence of chronic disease processes such as diabetes, arteriosclerosis, asthma, arthritis, and hypertensive cardiovascular disease (including border-line congestive failure).

To illustrate the age group involved and to demonstrate the safety of cataract surgery, I would like to cite my own experience: Of the last three hundred consecutive cataract operations (excluding congenital and traumatic cataracts) that my partners and I have done, the ages of the patients have varied from twenty-one years to ninety-eight years. Half of the patients have been over sixty-six years of age, thirty-three have been over eighty years of age, and five have been over ninety years of age. Using the safeguards to be described we have had no fatalities and have had very few momentous complications.

The reluctance of many doctors to advise cataract surgery for their very old and frail patients had its origin in customs that are no longer observed by ophthalmic surgeons. Foremost among the outmoded customs were (1) the waiting period necessary to permit the cataract to become "ripe", (2) strict bed rest after surgery (for as long as 14 days), and (3) heavy preoperative and postoperative sedation.

Senile cataract is increasing in frequency, as are all geriatric disorders, and patients today are more prone to expect and seek medical aid. As a result, doctors in all fields of medicine are being asked more frequently, as time goes on, for advice regarding the advisability of surgery for cataract.

"Is grandma too old to have her cataracts removed? Can she have the operation in spite of her stroke last summer? Does she have to wait till it's ripe?" Today's answers to those questions are not the same as those of 20 years ago.

The Author

- **Milton J. Lilly, Jr., M. D., Charleston, W. Va.**

The technic of intracapsular cataract extraction has relegated the period of "waiting till it's ripe" to what amounts practically to medieval obscurity. Actually, it is a little easier today to remove a cataract that is not "ripe." I usually advise my patients to have one eye operated upon when they no longer can see well enough to read and do their customary work.

The addition of corneoscleral sutures as a part of the technic of cataract surgery has made it possible to discard the old, rigorous, postoperative regimen that rendered cataract surgery beyond consideration for any but the exceptionally robust.

To shudder at the thought of a 90-year-old patient spending two weeks flat on his back in bed, with sandbags beside his head, and with both eyes bandaged, would be to manifest a completely logical reaction if this routine were still being observed. It is routine now, however, to bandage only the eye operated upon, to elevate the head of the bed immediately, and to get the patient up in a chair on the day following surgery; moreover, if indicated from a medical standpoint, it is permissible as well as advisable to get the patient up immediately after surgery.

In former years, many cases of hypostatic pneumonia, urinary retention and the like occurred that nowadays would not occur with prompt ambulation. The tendency of some aged persons just to lie in bed may make it even necessary to get them up by force and to have an aide literally take them by the arm and walk them up and down the hall.

Little medication is needed in the very aged, either preoperatively or postoperatively, as they are less nervous and apprehensive generally, and have less postoperative pain than relatively younger patients. I feel that less sedation actually is needed than usually is given. Some ophthalmic surgeons believe in "snowing them un-

der," feeling that this insures a quiet, relaxed patient on the operating table; such a precautionary measure is neither safe nor necessary in the case of the old and feeble patient. If mild sedation in some of these cases is desired, however, chloral hydrate (10 gr. the night before surgery and perhaps repeated one hour before surgery) is preferable to barbiturates which are poorly metabolized in the aged. A postoperative order for an opiate, to be given only in the event of pain, should be left. I have, however, operated on several persons in the tenth decade of life who had novocaine only at the time of surgery, and who had absolutely nothing in the way of preoperative or postoperative medication during their hospital stay.

In the extremely aged, even the local anesthetic at the time of surgery can and should be minimal. Four drops of ½ per cent pontocaine in the eye and as little as 3 to 4 cc. of 2 per cent novocaine with hyaluronidase will produce good akinesia and anesthesia, if well placed. The addition of epinephrine 1:50,000 is helpful, but can be omitted in the case of the patient with cardiovascular disease.

There are a number of other measures that add to the patient's safety and comfort. A pillow under the knees during surgery helps make him more comfortable and in its incidental role of preventive stretching of the popliteal veins, decreases the chances of emboli.

A bare Mayo stand placed at the table, with the tray portion across the operating table eight to ten inches above the patient's chest, and the body sheet draped over this, helps dispel the smothering sensation and promotes adequate aeration. Introducing oxygen by catheter into this under-cover space further insures good aeration.

Cataract surgery in 1956 must be sharply differentiated in our attitude from cataract surgery 20 years ago, or even 10 years ago. It is of no importance that the operative technique is now more difficult. It is of minor importance that the visual prognosis has been improved by ten per cent. It is of major importance, however, that for the most part no patient must now be denied the possibility of regaining vision because of the danger of cataract surgery.

The Importance of Open Minds

In all our plans for the future progress of medicine, we must keep open minds and hearts. One characteristic of tornado damage which puzzled the pious was the fact that barrooms and taverns rarely suffered. Only recently have churches come to realize the importance of open doors as a safety valve when meterologic pressure disturbance occurs. An open mind should be like a swinging door—swinging in to receive, out to share.

One of the tragedies of life is the danger of a closed mind which lives in the past with the doors firmly locked. The mature mind must be open to receive and share. An open heart is just as important. There must be a willingness to share the problems and needs of others. But the door must also swing outward, permitting us to share with others our inner joys and experience.

The Bible tells us, "Freely ye have received—freely give." Life is a stewardship and is only successful as we learn to share with others our time, talents, knowledge, skills, money, and our God.—James P. Rousseau, M. D., in N. C. Medical Journal.

Retroperitoneal Hemorrhage Simulating An Acute Abdominal Lesion During Dicumarol Therapy

M. D. Reiter, M. D.

The occurrence of hemorrhage as a complication in Dicumarol administration is well publicized and has been adequately summarized elsewhere.[1] That a subtherapeutic level of prothrombin time prolongation may be accompanied by hemorrhagic phenomena is not so well known.[2] Since hemorrhage from hypoprothrombinemia has no predilection for a special portion of the body and since Dicumarol intoxication is admittedly common, one may surmise that spontaneous retroperitoneal hemorrhage has occurred. Mendelsohn and Iglauer have reported two cases of spontaneous intraperitoneal hemorrhage due to Dicumarol intoxication. By laparotomy in one and by aspirating blood from the cul de sac per vaginam in the second case the diagnosis was proven. Several observers have described cases of retroperitoneal hemorrhage attributed to lumbar paravertebral injections during Dicumarol therapy.[3] A review of our cases shows many points of similarity.

Three cases are reported in this paper. In the first two cases the diagnosis of hemorrhagic phenomena due to Dicumarol intoxication was self evident. The corollary diagnosis of retroperitoneal hemorrhage due to Dicumarol intoxication in the third case followed inevitably. The third case presented more of a problem since it simulated an abdominal emergency in the presence of a recent myocardial infarction when an accurate diagnosis was mandatory. Some disturbing factors were the absence of cutaneous or urinary bleeding, and a prothrombin time which, while not normal, was not strikingly abnormal. The diagnosis could not be proven by histologic section since the patient came neither to surgery nor autopsy. Comparison of these three cases, however, brings to light some interesting similarities which by post hoc reasoning strengthens the deductions made in the actual handling of the case. It is not inconceivable that so long as Dicumarol remains popular in the treatment of myocardial infarction other similar situations will arise.

Case Reports

Case 1.—A 49-year-old white machinist was admitted July 28, 1948 as a suspected case of myocardial infarction because of a 24-hour history of substernal pain radiating down the inner aspect of both arms, unrelieved by nitroglycerin or codeine. Physical examination was not remarkable aside from a blood pressure of 186/132. The initial electrocardiogram did not typify a myocardial infarction but Dicumarol was begun because of the typical history. Subsequent tracings suggested the diagnosis of coronary insufficiency and subendocardial damage by Master's criteria. The prothrombin concentration was 82% on admission. The urine showed 20-30 WBC's per cu. mm. The hemoglobin was 15.5 Gm. Serial prothrombin estimates were 83-94-56-30-29-34-48-34-33-38%. At this point on August 8, 1948 the patient complained of right flank pain described as dull, localized, not radiating and not periodic. There was point tenderness in the right side and a positive Murphy punch. Polyuria was present. The urologist could not make a diagnosis of renal calculus. Gaseous distention became moderately severe. Vomiting began which was attributed to morphine. Due to the lack of diagnosis, Dicumarol was continued. Further prothrombin times were 50-42-25-22%. At this point on August 13 ecchymosis of the right shoulder was apparent. The urine became grossly bloody and rectal examination disclosed fresh and old blood. The erythrocyte count was 3,560,000; the hemoglobin was 10 Gm. With vitamin K therapy the prothrombin time climbed in three days to 100%. Further recovery was uneventful.

Case 2.—A 60-year-old white steel mill worker was admitted February 2, 1950 because of anorexia, inability to gain weight, and a three week history of swelling of the right foot and leg with pain over the entire right side of the body. On physical examination there was tachycardia of 120 and a blood pressure of 160/110. The right leg was edematous from foot to knee, colder than

The Author

• M. D. Reiter, M. D., Wheeling, W. Va.

the left and bluish in color. All pulses were palpable. There was tenderness in the right popliteal space and in the right femoral area. The admission urine showed microscopic pyuria. The erythrocytes were 4,460,000; hemoglobin was 13.5 Gm. Prothrombin time 15 seconds; control 15 seconds. A provisional diagnosis of deep venous thrombosis was made and Dicumarol therapy begun. Serial prothrombin times were 15-15-30-30-30-49-28-28-24-50. At this point on February 14 the patient complained of right flank and right lower quadrant pain, which due to a language barrier, he could not adequately describe. There was muscle guarding, hypoactive peristalsis, tenderness lateral to McBurney's point, questionable rebound tenderness and moderate costovertebral angle tenderness bilaterally, more severe on the right. The white blood count rose to 22,350 with a shift to the left. The red cell count was 3,330,000; hemoglobin 10 Gm. The urine was packed with WBC's; frequent RBC's were seen. A mass became palpable in the right lower quadrant. The prothrombin time remained elevated: 50-51-60 seconds. At this point the patient was noted to be markedly anemic. Red cells were 1,790,000; hemoglobin was 4.2 Gm. Whole blood transfusions restored the blood count and prothrombin times. The following day ecchymosis was present over the right flank and across the lower abdomen. The mass and all symptoms subsided with conservative therapy.

Case 3.—A 63-year-old white farmer was admitted September 11, 1953 with a history of an acute myocardial infarction two weeks previously. He was first hospitalized locally for five days, getting pills resembling Dicumarol and having a blood test daily. After five days he signed himself out. At home he continued to have chest pain unrelieved by oral medication, so additional hospitalization was sought. On admission his blood pressure was 110/80. The liver descended 4-5 fingerbreadths on deep inspiration. The anal area was badly scarred from multiple surgical incisions. The urine was normal. The leukocytes were 18,000; erythrocytes 4,160,000 The hemoglobin was 12.5 Gm. The prothrombin time on admission was 24 seconds, control 15 seconds. The electrocardiogram confirmed the previous diagnosis of myocardial infarction, then considered to be subacute. The plan of treatment was rest, sedation and observation. In the evening of the second day the patient complained of acute right flank and back pain. A detailed examination revealed slight right costovertebral angle tenderness and fecal impaction. In spite of evacuation of the rectum with an enema, the pain persisted into the following day. Tenderness was present, but rebound tenderness was more severe. The abdomen continued to be soft with slight voluntary guarding. The urine contained a few hyaline and granular casts. The leukocyte count was 19,000. Roentgen study of the abdomen showed a paralytic ileus. Prothrombin time was 20 seconds; control 13 seconds. Surgery was seriously considered, but in the light of the recent myocardial infarction and the previous appendectomy expectant treatment was decided upon and narcotics were given cautiously. The following day the patient had much less pain. The white cells were 11,500; red cells 3,890,000; hemoglobin 11.5 Gm. The erythrocyte sedimentation rate was 36 mm. in one hour. The patient's prothrombin time was 19 seconds; control 14 seconds. The urine was normal. The remainder of his hospital stay found the patient asymptomatic. It was with difficulty that he could be retained until his electrocardiogram stabilized.

Discussion

For the purpose of comparison a table condensing the significant manifestations in these three cases is presented.

	I	II	III
Onset	Acute	Acute	Acute
Pain	Dull	Type ?	Sharp—Constant
Tenderness	++	++	++
Muscle guarding	?	++	+
Rebound tenderness	?	Questionable	+++
Ileus	++	+	+++
Peristalsis	?	Hypoactive	Slow
Hg.:			
Before attack	15.5 Gm.	13.5 Gm.	12.5 Gm.
After attack	10 Gm.	10 Gm.	11.5 Gm.
Leukocytosis	?	22,350	18,000-19,000
Other hemorrhagic manifestations	Urine, feces, ecchymosis	Mass, ecchymosis	None

From the table certain similarities are self evident. There was a sudden onset of constant pain (coincidentally on the right in all) involving the flank, nonradiating, nonrhythmic, accompanied by ileus, and followed by a fall in circulating red blood cells and hemoglobin. In two of the cases hypoactive peristalsis, muscle guarding and leukocytosis are well documented. Rebound tenderness was a prominent sign in the

third case. These findings are consistent with the classical signs and symptoms of retroperitoneal hemorrhage. The later substantiation of a hemorrhagic tendency in the first two cases by frank ecchymosis lent further weight to the diagnoses. In the last case it is believed that deductive reasoning will inevitably lead to a similar conclusion. More important are the cognizance of this condition as a complication of Dicumarol therapy and (particularly where the basic disease being treated is a recent myocardial infarction) the avoidance of unnecessary surgery. Again it must be emphasized that hemorrhage will occur with therapeutic or subtherapeutic levels of prothrombin time prolongation. Goodman and Gilman[2] state in their text . . . "bleeding may appear after therapeutic doses and the prothrombin time need not be markedly prolonged . . . Indeed, no reliable relation can be discerned between the onset of hemorrhage and the prothrombin, coagulation or bleeding times."

Conclusion

1. Three cases of acute abdominal conditions believed to be retroperitoneal hemorrhage due to Dicumarol intoxication are presented.

2. A plea is made for the suspicion of this syndrome during Dicumarol therapy of acute myocardial infarction.

References

1. Lilly, G. D., & Lee, R. M.: Complications of Anticoagulant Therapy, Surgery 26:957-969 (Dec.) 1949.
2. Goodman, L. S., & Gilman, A.: The Pharmacological Basis of Therapeutics, New York, The MacMillan Co., ed. 2, 1955, p. 1514.
3. Learned, L. O., & Cahoon, R. F.: Retroperitioneal Hemorrhage as a Complication of Lumbar Paravertebral Injections, Anesthesiology 12:391-396, 1951.

Alcohol and Driving

There are more than sixty pathological conditions which have some or all the symptoms of intoxication. Some time ago a police officer reported that he had followed a car for several blocks because the car was weaving. He found that the driver's speech was incoherent, and that he staggered. The driver insisted that he had not been drinking, and that if he could have a candy bar, he would be all right. He was given candy and within a few minutes he was perfectly normal. Here was a diabetic person who had had an overdose of insulin. Thus it is possible that an innocent person may be accused.

To provide definite evidence, chemical tests should be given.

The standards for indicating degrees of intoxication are usually expressed in terms of percentage of alcohol in the blood.

When alcohol is taken, it passes unchanged into the blood stream which carries it to all parts of the body in direct proportion to the water content of the tissue or organ. It is the effect upon the brain that produces the symptoms of intoxication. . . The American Medical Association has agreed upon standard figures as a guide to legal procedure. In some places these have been written into law. If a person has .15 per cent or more alcohol in the blood, he is unquestionably under the influence of liquor.—Paul S. Rahneff in Minnesota Medicine.

ACHROMYCIN

Tetracycline *Lederle*

in the treatment of

infections in surgery

The prevention and control of cellulitis, abscess formation, and generalized sepsis has become commonplace technique in surgery since ACHROMYCIN has been available. Leading investigators have documented such findings in the literature.

For example, Albertson and Trout[1] have reported successful results with tetracycline (ACHROMYCIN) in diverticulitis, gangrene of the gall bladder, tubo-ovarian abscess, and retropharyngeal abscess. Prigot and his associates[2] used tetracycline in successfully treating patients with subcutaneous abscesses, cellulitis, carbuncles, infected lacerations, and other conditions.

As a prophylactic and as a therapeutic, ACHROMYCIN has shown its great worth to surgeons, as well as to internists, obstetricians, and physicians in every branch of medicine. This modern antibiotic offers rapid diffusion and penetration, quick development of effective blood levels, prompt control over a wide range of organisms, minimal side effects. There are 21 dosage forms to suit every need, every patient, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Broad-range antibiotic action to fight infection; important vitamins to help speed normal recovery. In *dry-filled, sealed* capsules for rapid and complete absorption, elimination of aftertaste.

dry-filled sealed capsules

[1]Albertson, H.A. and Trout, H. H., Jr.: *Antibiotics Annual* 1954-55, Medical Encyclopedia, Inc., New York, N.Y., 1955, pp. 599-602.

[2]Prigot, A.; Whitaker, J. C.; Shidlovsky, B. A., and Marmell, M.: *ibid*, pp. 603-607.

Lederle

LEDERLE LABORATORIES DIVISION

AMERICAN CYANAMID COMPANY

PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

PHOTO DATA: AERIAL CAMERA WITH K-2 FILTER AT DUSK, F.11, 4/100 SEC., FAST PAN FILM

ACHROMYCIN ACHROMYCIN

The President's Page

Important Changes in Constitution Pending

I FEEL that it is my duty to remind every member of the West Virginia State Medical Association that a change in the Constitution is coming up for a vote this year.

Our representatives in the House of Delegates will vote on two amendments which were offered at the annual meeting in 1955. The first would create the office of president elect and provide for the election of one vice president instead of two. The other would change the term of all elective officers from the calendar year to the year next succeeding their election, beginning on the day following the last day of an annual meeting.

I have observed that some component societies do not emphasize to any great extent the importance of the attendance of delegates at sessions of the House of Delegates. Many societies do not have a full delegation present, and some do not have even one delegate to represent them.

Please permit me to request most earnestly that each local Society be fully represented at both meetings of the House of Delegates this year and that due consideration be given to the important changes in the Constitution that will be voted upon.

We have become so accustomed to a free way of living and to a free vote that we sometimes lose sight of their importance. We forget that men died to make it possible for us to enjoy these privileges, and certainly we should never take them for granted. Many of us don't bother to vote at our county, state and national elections because we think we have more important things to do.

I hope that the roll call at both sessions of the House of Delegates this year will show a one hundred per cent attendance.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

DOCTOR VEST HONORED BY AMA

An unusual honor has been accorded Dr. Walter E. Vest of Huntington by the members of the AMA House of Delegates. At the final session of that body, held in Chicago, June 14, he was one of the two nominees for membership on the Council on Constitution and By-Laws. The other physician nominated by the Board of Trustees was Dr. Louis A. Buie of Rochester, Minnesota, who has heen serving as chairman of the Council, but whose term expires this year.

Just before the balloting started in the House of Delegates, Doctor Buie, who is also a member of the Judicial Council, withdrew his name and Doctor Vest was elected unanimously. He will serve for the five-year term ending in 1961.

All members of the West Virginia State Medical Association, together with the many hundreds of doctors over the country who are personally acquainted with Doctor Vest, will approve the action taken by the AMA House of Delegates.

Doctor Vest's qualifications for this important office are too well known to enumerate. During the annual meeting just ended in Chicago, he was appointed and served as a member of the Reference Committee on Constitution and By-Laws.

Besides attending all sessions of the House of Delegates, he played a prominent part in the annual meeting of the Aces and Deuces, an organization composed of delegates from state medical societies and associations which are limited to not more than two representatives in the AMA House of Delegates.

He is chairman of the group and served as toastmaster at the breakfast meeting held on Wednesday morning, June 13, honoring all officers and members of the House of Delegates. He will continue to serve as chairman through the Clinical Session at Seattle in November.—C. L.

A HAPPY MEDIUM

The committee arranging the program for the annual meeting at White Sulphur Springs next month has fixed Thursday, August 23, as the time of the first session of the House of Delegates. The second session is scheduled for Saturday afternoon, August 25. This is the same schedule followed for meetings of the House during the convention last year.

We feel that the committee has acted in accordance with the wishes of the majority of those who will attend the sessions of the House of Delegates at White Sulphur Springs. While some delegates prefer afternoon meetings, others suggest that both sessions be arranged for evenings during the convention. It appears that the committee has "struck a happy medium" in the schedule that has been adopted.

The first session on Thursday evening does not conflict with any other meetings. The session will be called to order promptly at nine o'clock, and

the president, Dr. Athey R. Lutz, will deliver his presidential address at that time.

The final session has been arranged for Saturday afternoon at three-thirty o'clock. This hour was fixed so as to conflict as little as possible with meetings of sections and affiliated societies and associations.

In view of the many important matters that will be considered by the House of Delegates this year, it is highly desirable that each component society have a full delegation on hand.

While attending meetings of local societies during the past few months, we have observed that an all-out effort is being made to select as delegates and alternates physicians who expect to make the trip to White Sulphur. This is as it should be. We express the sincere hope that the officers of all of our twenty-eight component societies will continue to make every effort possible to have a full delegation present at both sessions of the House of Delegates.

Dr. Chester R. Ogden, a faithful servant of the people, died Thursday after a long illness and we desire to say a few words about his lifetime.

A FAITHFUL SERVANT

As a physician and surgeon, Dr. Ogden won the praises of scores of patients in the Clarksburg area and many of them owe their lives to the skill of his surgery or to his ability as a diagnostician.

As a business man, he acquired important real estate and operated it for the benefit of the city's citizens, with personal financial success.

In work as a civic leader he carried far more than his share of the load, being well known for work in the Lions Club and other local organizations. He was a leader too in the activities of the Harrison County Medical Society and the West Virginia State Medical Association.

These final words about Dr. Ogden would be incomplete without some mention of his work in Democratic politics. He served for several years as Harrison County Democratic chairman and throughout his lifetime was a close friend of U. S. Senator M. M. Neely, with whom he often worked on political ventures. The Democratic Party owes a debt of gratitude to him.

Clarksburg and Harrison County are better places in which to live because of the wise counsel given and the useful work performed by Dr. Ogden.—Clarksburg Exponent.

AN ENCOURAGING TREND

Although it hasn't reached very far yet, an encouraging trend is beginning to appear. It is a trend toward "doing something" about the problem of mental health in this country. The frequency with which the problem is discussed in public places, the good growth in mental health associations, and other similar developments indicate a change in attitude which is all to the good.

There is no state in the United States where far-reaching improvements are not needed, including West Virginia. A few states which have made special efforts to improve their mental health programs, notably Maryland and Kansas, have discovered that surprisingly good results could be achieved and that public sentiment favored greatly increased appropriations to support these programs.

We believe a similar experience would come to West Virginia if the Legislature took the lead in a challenging way. This is not a problem which can be solved by increasing appropriations 10 or 15 or 20 per cent. Something of the order of a 100 per cent increase will be needed at the beginning to recruit competent staffs of doctors, nurses, and therapists. But the results from such an expenditure should be so impressive that ultimately a true economic saving would appear. —Morgantown Post.

THE DISABILITY FREEZE

Wide publicity has already been given in West Virginia to the disability freeze in the recent revision of the Social Security Act, but questions continually arise as to what procedures are necessary to secure the freeze advantage for an individual.

The necessary evidence of disability must come from a member of the medical profession, the only segment of society having the knowledge and training necessary to secure and present the evidence.

An Advisory Committee to the Department of Health, Education and Welfare, of which Dr. J. Duffy Hancock, Professor of Surgery at the University of Louisville is chairman, has established medical standards for the determination of disability.

Dr. Charles L. Farrell, of Pawtucket, Rhode Island, a member of the advisory committee, and president of the Conference of Presidents and Other Officers of State Medical Associations, has outlined so well the problems involved in the ad-

ministration of the act that we present his statement to the profession of our state in its entirety:

In recent months many physicians have heard from patients about the disability freeze provision in the social security law. This provision, added to the old-age survivors insurance program in 1954, permits people who have prolonged total disability to apply to have their social security records frozen for the period of their disability. Thus, the time when they could not work and so had no earnings credited to their social security accounts does not count against them in determining their rights to benefits, nor the amount of benefits which will be payable to them at age 65, or to their families in case they should die.

Before a worker's social security record can be frozen, he has to meet certain work requirements. His social security record up to the time of his disability must show he was in fact a worker, with a fairly regular and recent work history. In addition, he must be shown to have a medically determinable physical or mental impairment severe enough to keep him from engaging in any substantial gainful activity—one which has existed for more than 6 months, and is expected to last indefinitely or end in his death.

Securing Medical Evidence of Disability

The medical evidence needed to establish the nature and severity of the applicant's disability, the date it began, and its prognosis comes from the doctor who has treated the worker and knows his case, or the hospital or institution in which the worker has been confined. A medical report form was designed to assist the physician in furnishing the needed medical evidence and to indicate the nature and extent of clinical detail which would be necessary. It is given to the applicant for the "disability freeze" and he is asked to have it filled out by the physician most familiar with his impairment.

The form itself is modeled closely after the medical report used by major life insurance companies in their disability claims work. In adapting it for use in the "freeze" program, the recommendations of a Medical Advisory Committee were closely followed. This Committee, composed of well qualified representatives of the medical and related non-medical professions, gives advice and guidance to the Social Security Administration on the medical aspects of the "disability freeze" program.

If you have received this medical form to fill out for any of your patients, you are probably aware that the law makes the disabled worker responsible for seeing that medical evidence is submitted for him and for paying any costs involved. The law does not permit the Government to pay any costs in connection with securing the medical evidence needed for a determination of disability. You may also know that to insure the confidentiality of the medical evidence, the medical report form is not to be returned to the patient, but is to be mailed by the physician direct to the local social security office. This office, incidentally, is ready to furnish additional information to the physician concerning the medical report form and the operation of the disability freeze.

Determining Disability

Determinations as to disability based on the evidence submitted are made under an agreement with the federal government by professional members of an agency of the State in which the applicant resides. In most states, this is the vocational rehabilitation agency. Since referral of disabled individuals for any rehabilitative services which might return them to gainful work is an important aspect of the program, each person applying for the social security disability freeze is told about the availability of vocational rehabilitation services.

On the professional team in the state agency at least one member is a doctor of medicine. The team reviews and evaluates all medical evidence assembled in the applicant's file, as well as such non-medical factors as age, education and occupational experience. Certain medical guides and standards, worked out with the advice of the Medical Advisory Committee are used in the consideration of the medical evidence. But, although these guides and standards can be applied in most cases, they are not rigid and arbitrary. The final determination in each case is based on all the available facts on the individual's impairment and vocational history, and, there is consultation among physicians in any borderline situation.

Guides to Filling Out the Medical Report Form

No matter how good the standards, nor how considered the judgment of the reviewing team, the determination reached can be no sounder than the evidence upon which it is based. To make sure that he is providing sufficient medical evidence for a prompt and fair determination, the doctor will want to consider the following guides in filling out medical report forms for those of his patients who have applied for the social security disability freeze:

First, include sufficient clinical detail to enable the reviewing team to make a sound determination as to the severity and extent of the patient's current condition;

Second, give enough of the clinical history to provide information as to when the disability began, and when it became so severe as to keep the patient from working;

Third, describe the probable course of the condition from now on, so that a decision can be reached as to whether the impairment is likely to continue indefinitely, or end in death, or whether it is self-limiting, or remediable in the foreseeable future.

Doctor Farrell's presentation makes clear just what is necessary to be done and makes us understand likewise the responsibility of each individual physician to both the applicant and the government to furnish correct, accurate and complete data in each instance reported upon.

WORDS OF WISDOM

Late this spring, newspapers carried news items and editorials concerning the "pat on the back" that Dr. Elmer Hess had given the American press in one of his final official messages as president of the American Medical Association.

In substance, the retiring president said he regarded the American press as "alert, responsible and top-grade." At the same time, Doctor Hess urged that physicians cooperate with the members of the Fourth Estate in providing necessary medical facts and opinions.

Throughout his travels from coast to coast, he said he found newspaper reporters courteous, accurate and fair in reporting his speeches and press conferences. He also said the stories they wrote were accurate, objective and interesting.

He further urged physicians not to ignore the requests of reporters or to be too busy to talk with them. "They are your friends, and if you are frank and honest with them, they in turn will be the same with you," Doctor Hess said. "Let us all remember that the press is the greatest educational unit that is available today."

We agree wholeheartedly with what Doctor Hess has had to say. Here in West Virginia, physicians and newspaper, radio and TV representatives are working together in harmony. Prior to the adoption in 1951 of a Code of Ethics between the West Virginia State Medical Association and news media, there were occasional misunderstandings between the two groups.

Today, our doctors and the press are for the most part working together to keep the public fully informed concerning matters pertaining to public health and other medical items of interest. If we take to heart the fine words of wisdom handed down by Doctor Hess, we will continue to be the closest of friends with that fine group—the American press.

A MATTER OF TIMING

Basically, this newspaper believes, the American Medical Association is on the right track in asking the Federal Government to get out of the polio serum business. Whether or not this is the time to do it is, however, another question. About a year ago, operating with an appropriation of 30 million dollars, the United States Public Health Service began distributing Salk vaccine which previously had been controlled by the National Polio Foundation. The present procedure is to allocate it to the States on a basis of population and need. The State, in turn, makes the vaccine available to doctors and local health agencies. Physicians administer the remedy in regular practice and charge for their services but not, of course, for the serum itself.

Now, the A.M.A., which adopted a resolution to the effect at its Chicago convention last week, wants the Government to "return the general wholesale and retail purchase of Salk anti-poliomyelitis vaccine to normal commercial channels," restricting its own purchase to the amounts needed for "essential public health needs and for distribution to the indigent population of the Nation."

This is, apparently, a sound position, in accordance with the American tradition of free enterprise. The only question arising is whether or not the immediate need, which still is in the emergency classification, would be as well served and the public as adequately protected from excessive charges with the Government out of the picture.

Two facts stand out in our experience with the Salk vaccine:

First, private medicine is responsible for its development;

Second, governmental action is responsible for its control at a critical time and for the speed with which it was made available to and distributed among the children of the Nation.

Without private research we never would have had the vaccine. Without governmental participation its use, perhaps even its perfection, would not have reached the present advanced position. That more children have received the benefit of this form of treatment sooner and at less cost than would have been the case otherwise seems a reasonable conclusion.

Here, then, is a perfect example of cooperation between private medicine and government in a great public welfare program. We should make the most of the experience by making certain that it is not used as an excuse either for the advancement of socialized medicine or the untimely restriction of a federal program. If the time has been reached when private channels can handle the situation satisfactorily, the Government should surrender its control of the vaccine. Otherwise all other medicine could be bought up with tax dollars and doled out among the States with equal propriety. If, however, the task of getting through the first flush of immunization would be better served with the Government in full control of the vaccine, surrender well might be delayed for a year or so.—Wheeling Intelligencer.

Medical Public Relations

Medical ethics have compelled doctors to hold somewhat aloof from the direct solicitation of public support. But in this day of rapid, almost instantaneous, mass communication in which the public is bombarded with information both good and bad, doctors, no more than anyone else, can afford to isolate themselves if they could. . . .

The change in public opinion from the dark days when Statism and regimentation threatened private practice has not come about by accident. It is due in part, surely, to the favorable economy of a business boom and to the stabilizing effect of a national administration dedicated to free enterprise. But it is due also, and in large part, to the fact that medicine is telling its story as it never has before.—J. Norman O'Neill, M. D., in Bull., Los Angeles County Med. Assn.

Scientific Frontiers

There are practically no new physical frontiers for the modern Davy Crocketts to explore. (But) the scientific frontiers of today are just as mysterious and challenging as were the geographical frontiers of 150 years ago. We have barely scratched the surface in our exploration of the wonders of God's universe.—Charles B. Shuman as quoted in Think.

GENERAL NEWS

Scientific Subjects Announced For 89th Annual Meeting

The subjects of papers that will be presented before general sessions during the 89th annual meeting of the West Virginia State Medical Association at the Greenbrier in White Sulphur Springs, August 23-25, have been announced by the program committee.

Dr. Richard W. Corbitt of Parkersburg, chairman of the committee, said the general sessions will be held each morning of the three-day meeting, at which time some of the country's most prominent physicians and surgeons will appear as guest speakers. There will be three scientific papers presented at each general session, with adequate time allotted for question and answer periods.

First General Session

The first general session on Thursday morning will feature a Symposium on Rehabilitation. The speakers and their subjects will be as follows:

"Hope in Rehabilitation."—Donald A. Covalt, M. D., Associate Director, New York University—Bellevue Medical Center, New York City.

"Rehabilitation of the Cardiac Patient."—Bernard J. Walsh, M. D., Professor of Clinical Medicine, Georgetown University School of Medicine, Washington, D. C.

"Rehabilitation of the Mental Patient."—O. Spurgeon English, M. D., Professor of Psychiatry, Temple University School of Medicine, Philadelphia, Pa.

Second General Session

On Friday morning, there will be a Symposium on Obstetrics and Gynecology. The speakers and their subjects will be as follows:

"Surgical Problems of the Female Pelvis."—Virgil S. Counseller, M. D., Head, Section on General and Gynecological Surgery, Mayo Clinic, and Professor of Surgery, Mayo Foundation, Rochester, Minn.

"Common Complications of Obstetrics."—F. Bayard Carter, M. D., Head, Department of Obstetrics and Gynecology, Duke Hospital, and Professor of Obstetrics and Gynecology, Duke University School of Medicine, Durham, North Carolina.

"Endocrine Problems of the Adult Female."—Robert B. Greenblatt, M. D., Professor of Endocrinology, Medical College of Georgia, Augusta, Georgia.

Final General Session

Several topics of interest to both specialists and those engaged in general practice will be discussed at the third and final general session on Saturday morning. The speakers and their subjects are as follows:

"Commonly Missed Diagnoses in Skin Diseases."—Clarence S. Livingood, M. D., Physician-in-Charge, Division of Dermatology, Henry Ford Hospital, Detroit, Michigan.

"Factors Influencing the Spread of Cancer."—George Crile, Jr., M. D., Member of Staff, Department of Surgery, Cleveland Clinic, Cleveland, Ohio.

"Recent Advances in the Therapy of Diseases of the Chest."—Sol Katz, M. D., Chief, Division of Pulmonary Diseases, District of Columbia General Hospital, Washington, D. C.

AMA President To Speak

Dr. Dwight H. Murray of Napa, California, who was installed as president of the American Medical Association at the annual meeting in Chicago in June, will speak before an open meeting of the House of Delegates on Saturday afternoon, August 25.

Several of the speakers on the scientific program have been invited to present papers at the afternoon meetings of sections and affiliated associations and societies.

All of the general sessions and afternoon meetings will be held in the convention unit of the Greenbrier, which is completely air-conditioned.

Doctor Corbitt and the other members of the program committee, Drs. Carl B. Hall of Charleston and George F. Evans of Clarksburg, are completing final plans for the entire program at the meeting. The full program will appear in the August issue of the Journal.

Otolaryngology Assembly in Chicago

The University of Illinois College of Medicine in Chicago will hold its annual Assembly in Otolaryngology in that city, October 1-7, 1956. The assembly is sponsored by the College's Department of Otolaryngology. It will consist of an intensive series of lectures and panels concerning advancements in otolaryngology, and evening sessions devoted to surgical anatomy of the head and neck and histopathology of the ear, nose and throat.

Physicians interested in attending the Assembly may obtain further information by writing the Department of Otolaryngology, 1853 West Polk Street, Chicago 12, Illinois.

Dr. David B. Allman Named AMA President Elect

Dr. David B. Allman of Atlantic City, N. J., was named president elect of the American Medical Association at the final session of the House of Delegates at the Palmer House in Chicago on Thursday, June 14. He has served as a member of the Board of Trustees since 1951, and has also been serving as chairman of the Association's Committee on Legislation.

For several years, Doctor Allman has been engaged in charitable and philanthropic activities. For the past 35 years, he has been official physician to the "Miss America Pageant," held annually in Atlantic City.

His wife, Katherine, served as president of the Woman's Auxiliary to the American Medical Association, 1949-50.

Dr. Hugh Hussey of Washington, D. C., was elected a member of the Board of Trustees to fill the unexpired term of Doctor Allman.

Dr. F. S. Crockett of LaFayette, Indiana, chairman of the AMA Council on Rural Health, was elected vice president and Dr. George F. Lull and Dr. Josiah J. Moore, both of Chicago, were elected secretary and treasurer, respectively.

Dr. E. Vincent Askey of Los Angeles, was reelected speaker of the House of Delegates, and Dr. Louis Orr of Orlando, Florida, vice speaker. Dr. Julian P. Price of Florence, South Carolina, was reelected a member of the Board of Trustees, and Dr. Robertson Ward of San Francisco, was named a member of the Judicial Council. He succeeds Dr. Walter F. Donaldson of Pittsburgh, who did not seek reelection.

Doctor Vest Named to Key Council

Dr. Walter E. Vest of Huntington, one of the two AMA delegates from West Virginia, was elected a member of the Council on Constitution and By-Laws at the final session of the AMA House of Delegates, in Chicago, June 14. He succeeds Dr. L. A. Buie of Rochester, Minnesota, chairman of the council, who withdrew his name as a candidate before the vote was taken.

Doctor Vest has served as AMA delegate from West Virginia since 1934 and has been a member of several committees. This is the first time he has ever been elected to membership on a Council of the parent organization.

The other members of the Council are Drs. Warren W. Furey, Chicago, Stanley H. Osborn, Hartford, Conn., Floyd S. Winslow, Rochester, N. Y., B. E. Pickett, Carrizo Springs, Texas, and Edwin S. Hamilton, Kankakee, Illinois.

Dr. Guy A. Caldwell of Louisiana was reelected a member of the Council on Medical Education and Hospitals, and Dr. Carlton Wertz of New York City, a member of the Council on Medical Service.

Also elected to the Council on Medical Service from the New England Area was Dr. Thomas Danaher of Connecticut; from the Rocky Mountain Area, Dr. R. M. McKeown of Oregon; and from the South Pacific Area, Dr. Lafe Ludwig of California.

State Delegates Attend Sessions

Dr. Frank J. Holroyd of Princeton and Dr. Walter E. Vest of Huntington, represented the West Virginia State Medical Association in the House of Delegates. Dr. Jacob C. Huffman of Buckhannon, AMA alternate, also attended the sessions.

Dr. Hu C. Myers on Scientific Program

Dr. Hu C. Myers of Philippi presented a paper on Wednesday, June 13 before the Section on General Practice. His subject was, "Early Diagnosis of Carcinoma of the Stomach." He also had an exhibit on the same subject which was set up among the scientific exhibits at the Navy Pier.

West Virginia Doctors in Chicago

The following West Virginia doctors were registered through Thursday, June 14:

Beckley: Arnold C. Burke and Ross P. Daniel.
Buckhannon: Harold D. Almond and J. C. Huffman.
Charleston: I. E. Buff, W. Paul Elkin, A. B. Curry Ellison, Helen B. Fraser, and George A. Shawkey.
Clarksburg: Joseph Gilman and Richard V. Lynch, Jr.
Elkins: Charles L. Leonard and Joseph Martin.
Fairmont: Robert G. Janes.
Huntington: Nathan Feldsten, Thomas C. McFarland, M. G. Stemmermann, and Walter E. Vest.
Logan: Virgil A. Deason, Ralph Frazier and E. H. Starcher.
Morgantown: G. R. Maxwell and Ralph W. Ryan.
Parkersburg: R. K. Fankhauser.
Pennsboro: A. Louis Batalion.
Philippi: Hu C. Myers.
Pine Grove: Allen M. Dyer, Jr.
Princeton: Frank J. Holroyd.
Richwood: James R. Glasscock.
Shepherdstown: Halvard Wanger.
Spencer: Richard W. Brown and R. C. Newman.
Wheeling: D. W. Dickinson, William E. McNamara and R. W. W. Phillips.
Williamstown: H. George Bateman.

Future Meetings of the AMA

The 1956 Clinical Session of the AMA will be held in Seattle, Washington, November 27-30. The annual session in 1957 will be held in the new Coliseum in New York City, June 3-7, and the clinical session in Philadephia, December 3-6.

San Francisco has been selected as the place for the annual meeting in 1958, and the clinical session that fall will be held in Minneapolis. Atlantic City has been definitely selected as the place for the annual meeting in 1959.

Registration through June 14 totaled 22,394, including 9,913 physicians, and 12,481 residents, interns, medical students and guests.

Dr. Karl E. Weier Wins Prize In Graflex Photo Contest

Dr. Karl E. Weier of Bluefield was among the top winners in the 1956 international Graflex Photo Contest. Doctor Weier was awarded sixth prize in the nonprofessional class, and received a $100 savings bond.

The title of his prize-winning photograph was "Humming Bird," which showed a humming bird preparing to feed on gladiola blooms. Doctor Weier said he waited two hours before he was able to take the picture only 10 inches away from the bird.

American Heart Association to Meet In Cincinnati, Oct. 26-31

The 32nd Annual Meeting and the 29th Scientific Session of the American Heart Association will be held in Cincinnati, Ohio, October 26-31. The scientific sessions will be held in the Music Hall Auditorium beginning on Friday evening, October 26 and continuing through Monday, October 29.

The organizational meetings of the association will follow the scientific presentations. Most of these meetings will be held at the Netherland Plaza Hotel, which will also be the convention headquarters during the annual meeting.

The opening scientific session on Friday evening will be devoted to instrumentation. General sessions throughout the meeting will include papers of broad general interest, while simultaneous specialized sessions in the afternoon will feature papers of importance in the various specialty fields. Subjects to be discussed will include circulation, clinical cardiology, hypertension, cardiovascular surgery, rheumatic fever, and congenital heart disease, epidemiology and the community or public health aspects of cardiovascular medicine.

There will be approximately 130 scientific and technical exhibits at the meeting. A special program of medical films is also being prepared for the scientific sessions.

Twenty-Six State Students Graduate from MCV

Twenty-six West Virginians were among the 98 students who received their M. D. degrees from the Medical College of Virginia, in Richmond, at the 119th commencement exercises, May 29, 1956. Twenty-two of these students entered MCV upon completion of their work at the two-year School of Medicine at West Virginia University.

At least 20 graduates of the two-year school at the University are accepted annually at the Medical College of Virginia under a program agreed upon several years ago by the University and MCV.

Graduates from West Virginia

The following list of West Virginia graduates in medicine includes information concerning hospital appointments for 1956-57:

Auvil, Donald Keith, Parsons
Bauer, William, Omar
DePaul Hospital, Norfolk, Virginia
Bennett, William Paul, Algoma
Union Memorial Hospital, Baltimore, Maryland
Blake, Charles Richard, St. Marys
Mount Carmel Hospital, Columbus, Ohio
Browning, James Richard, Spencer
Memorial Hospital, Charleston
Canada, William Hammond, Huntington
Memorial Hospital, Charleston
Crimm, Carl Eugene, Clarksburg
Memorial Hospital, Charleston
Daniel, Charles Richard, Beckley
Philadelphia General Hospital, Philadelphia
Deardorff, William Alva, South Charleston
Memorial Hospital, Charleston
Dunlap, Frank Edward, St. Albans
Memorial Hospital, Charleston
Groves, Donald Stewart, Summersville
Memorial Hospital, Charleston
Halki, John Joseph, Morgantown
Ohio Valley General Hospital, Wheeling
Hansbarger, Echols Alcott, Jr., Charleston
Medical College of Virginia Hospitals, Richmond
Harman, Chester Doan, Onego
Ohio Valley General Hospital, Wheeling
Harper, William Hale, Elkins
Saint Joseph's Hospital, Phoenix, Arizona
Humphries, David Scott, Beckley
Stuart Circle Hospital, Richmond
Ingram, Marion Ellis, Elkins
Ohio Valley General Hospital, Wheeling
Kappes, William Carl, Jr., Huntington
Duke Hospital, Durham, North Carolina
Lawson, William J., Monongah
Memorial Hospital, Charleston
May, Boyd Hickman, Jr., Elkins
Cottage Hospital, Santa Barbara, California
Miles, Robert Lyle, Wheeling
Cottage Hospital, Santa Barbara, California
Musselman, Laurence Ketler, Charleston
Memorial Hospital, Charleston
Ripley, Gary Lemasters, Huntington
Mercy Hospital, Springfield, Ohio
Sams, James Caldwell, Huntington
Ohio Valley General Hospital, Wheeling
Smith, Larry Click, Huntington
Memorial Hospital, Charleston
Sperow, Clifford, Martinsburg
Medical College of Virginia Hospitals, Richmond

Dr. Leveroos Resigns AMA Post

Dr. Edward H. Leveroos, who has been associated with the headquarters offices of the American Medical Association since 1947, has accepted appointment as director of the Ochsner Foundation Hospital in New Orleans.

While with the AMA, Doctor Leveroos was primarily responsible for the planning, organization and direction of activities of the Graduate Education Section of the Council on Medical Education and Hospitals. Included in his work was the approval of hospitals for intern and resident training. His successor has not yet been named.

Lester H. Perry Installed As President of MSEC

At the annual meeting of the Medical Society Executives Conference held in Chicago on Sunday, June 10, Lester H. Perry of Harrisburg, executive secretary of the Medical Society of the State of Pennsylvania, was installed as president. He succeeds Merrill C. Smith of Lincoln, Nebraska, executive secretary of the Nebraska State Medical Association.

William J. Burns of Lansing, Michigan, executive director of the Michigan State Medical Association, was named president elect, and H. Martin Baker, executive secretary of the Sedgwick County (Kansas) Medical Society, was reelected secretary.

The annual meeting in 1957 will be held during the AMA convention in New York City.

Committee Named to Recommend Plan For Distribution of Ford Grants

The Ford Foundation has announced the appointment of a special committee to recommend a plan for distribution of the previously announced appropriation of $90,000,000 to the nation's privately-supported medical schools. The plans were announced in June by H. Rowan Gaither, Jr., chairman of the board and president of the Ford Foundation.

Lee DuBridge, president of the California Institute of Technology, will serve as chairman of the medical school grants advisory committee, and the vice chairman will be Carlyle Jacobsen, executive dean for medical education, State University of New York.

The appropriation of $90,000,000 has been designated by the Ford Foundation's Board of Trustees to be used as endowment by the privately-supported medical schools in the strengthening of their instruction. Allocations to individual institutions will be determined by the trustees after the advisory committee has completed its report.

The appropriation is part of the $500,000,000 announced in December, 1955, for college faculty salaries, private hospitals and medical schools, and is entirely apart from the $10-million grant on April 15 to the National Fund for Medical Education.

New Superintendent at Sweet Springs

Dr. Robert G. Blackwelder of Marion, Virginia, has been named by Governor William C. Marland as superintendent of the Andrew S. Rowan Memorial Home at Sweet Springs. He succeeds Dr. Edward E. Rose, formerly of Huntington, who tendered his resignation because of ill health.

Doctor Blackwelder will assume his new duties July 1 at the Sweet Springs home for aged persons.

The new superintendent served as a member of the staff at Huntington State Hospital from 1933 until 1939. Since October, 1954, he has been clinical director of the Southwestern State Hospital at Marion, Virginia. A graduate of the Medical College of Virginia, Doctor Blackwelder has also served as assistant superintendent and superintendent of the state hospital at Raleigh, North Carolina, and superintendent of the Eastern Shore State Hospital at Cambridge, Maryland.

Inter-American Conference in Miami

The University of Miami School of Medicine will be host to the First Inter-American Conference on Occupational Medicine and Toxicology which will be held in Miami, Florida, September 3-7. The conference is being sponsored jointly by the University of Miami School of Medicine and the Havana (Cuba) School of Medicine.

The official language of the program will be Spanish. Next year's conference is expected to be held in Havana, with the University of Havana School of Medicine serving as host.

AMA Receives Plaque Honoring Dr. Carl M. Peterson

A memorial plaque honoring the late Dr. Carl M. Peterson has been presented to the American Medical Association by President Eisenhower's Committee on Employment of the Physically Handicapped. The plaque honors Doctor Peterson for his lifetime devotion "to the increased health, welfare and employment opportunity of his fellowman."

Doctor Peterson was secretary of the AMA's Council on Industrial Health for 17 years and served as chairman of the medical committee of the President's Committee. He died last fall of injuries sustained in a plane crash in North Carolina.

The plaque was presented before the House of Delegates during the annual AMA meeting in Chicago in June by Dr. Ross T. McIntire, former chairman of the President's Committee and retired Surgeon General of the Navy. It was accepted on behalf of the Association by Dr. William P. Shepard of New York City, chairman of the Council on Industrial Health.

Heart Research Awards for 1957

The American Heart Association has announced that it is now accepting applications by research investigators for support of studies in or related to the cardiovascular field. The awards will be made for the fiscal year, beginning July 1, 1957.

Awards will be made in the following categories: (1) established investigatorships; (2) research fellowships; and (3) grants-in-aid.

The Association also maintains another form of research support known as the Career Investigatorship. These awards are made to those persons engaged in research as a career, and the recipients are selected by the Heart Association Research Committee and not from applications.

Application deadline for research fellowships and established investigatorships is September 15, and November 1 for grants-in-aid. Further information and application forms may be obtained by writing the Medical Director, American Heart Association, 44 East 23rd Street, New York 10, N. Y.

PG Course in Gastroenterology

The American College of Gastroenterology has announced that its annual course in Postgraduate Gastroenterology will be held at the Roosevelt Hotel in New York City, October 18-20.

The course will be under the direction of Dr. Owen H. Wangensteen, professor of Surgery at the University of Minnesota Medical School, who will serve as surgical coordinator, and Dr. I. Snapper, director of Medical Education, Beth-El Hospital, Brooklyn, New York, who will be the medical coordinator.

Further information may be obtained by writing the American College of Gastroenterology, Department P. G., 33 West 60th Street, New York 23, N. Y.

Board of Governors Approves University Hospital Plans

Plans and specifications for the University Teaching Hospital at the West Virginia University Medical Center have been approved by the Board of Governors. The plans for the hospital were designed and submitted to the group by the architects, C. E. Silling and Associates of Charleston.

The eight-story hospital will be connected directly with the Basic Sciences Building on four floors. The Basic Sciences Building is now under construction and will be completed in time for use by the first entering class in 1957. The hospital has been designed as one of the major units of the University Medical Center and will have 400 beds on a 500-bed base.

The basic design of the hospital will be that of a central square with wings extending out from the core. Within the core, the nursing stations will be so placed that two stations will be back to back, which will allow economics in personnel and provide direct visual control of all patient rooms. The rooms of the patients will be located in the wings so as to avoid service and traffic noises.

Serving as consultants on the building of the new hospital are James A. Hamilton and Associates of Minneapolis. Dean Ruth P. Kuehn of the University of Pittsburgh School of Nursing, consultant for the contemplated school of nursing at the new WVU Medical Center, has also worked with the Medical Center Building Committee in outlining plans for an efficient nursing service in the new hospital.

Plans for the section of the hospital which will be devoted to oral surgery have been approved by Dean J. Ben Robinson of the School of Dentistry. Dean J. Lester Hayman, of the School of Pharmacy, has approved plans for the section that will be used for pharmacy compounding and dispensing.

W. Va. Public Health Association Elects New Officers

Oliver Matthews of Kingwood, senior sanitarian for the Preston County Health Department, is the new president of the West Virginia Public Health Association. He was elected during the 32nd Annual State Health Conference in Charleston, June 7-8. He succeeds Eugene M. Ashworth of Charleston, who is chief of the rehabilitation service of the West Virginia Division of Vocational Rehabilitation. Other officers were elected as follows:

First vice president, Bruce H. Pollock, M. D., director of the Cabell-Huntington Health Department; second vice president, Mrs. Oletta M. Riffe, supervising nurse for the Logan County Health Department; and treasurer, Mrs. Katherine L. Brown, chief clerk, bureau of tuberculosis control, State Department of Health.

The following were named members at large:

Mrs. Claudia Crownover of Charleston, nursing consultant for the United Mine Workers Welfare and Retirement Fund; T. Sterling Evans of Charleston, state representative of the National Foundation for Infantile Paralysis; and Orville Hawes, also of Charleston, executive director of the West Virginia Society for Crippled Children and Adults.

The office of secretary is to be filled by the executive council. Serving at the present time is Harry Huff of Charleston, director of the bureau of vital statistics of the State Department of Health.

Members of the WVU Medical Center Building Committee, which has been responsible for the programming and reviewing of plans for all phases of the new Medical Center. Left to right, Drs. R. F. Krause, M. L. Hobbs, J. C. Stickney, C. K. Sleeth, J. M. Slack, chairman of the committee, Dean E. J. Van Liere, T. W. Williams, and J. J. Lawless.

Main Entrance to the Greenbrier, White Sulphur Springs

Dr. John E. Donley Named Editor Of R. I. Medical Journal

Dr. John E. Donley of Providence, Rhode Island, has been named editor-in-chief of the Rhode Island Medical Journal. He succeeds the late Dr. Peter Pineo Chase, who was considered one of the leading figures in the fields of medicine and science writing. Doctor Chase served as editor-in-chief of the Journal from 1942 until his death in the spring of this year.

Doctor Donley is a native of Providence, and has been engaged in the practice of his specialty of neuropsychiatry since the completion of his medical work at the University of Pennsylvania School of Medicine. He has held many offices in his local and state medical societies.

Doctor Donley is a past president of the Rhode Island State Medical Society, and served as chairman of the publication committee for more than 10 years prior to being named editor-in-chief. He was the recipient of the City of Providence Charles V. Chaplin medal award in 1954, and in 1953 he received a citation from President Eisenhower's committee on employment of the physically handicapped for his "outstanding services to the disabled" in Rhode Island.

He has received honorary doctor of law degrees from Providence College and Seton Hall University for his outstanding work in medicine.

Southeastern Surgical Congress Announces 1957 Award

The Southeastern Surgical Congress has announced its Prize Scientific Award for 1957. The author submitting the best unpublished contribution on surgery or an allied subject will receive the award plus expenses in connection with attendance at the next annual meeting, which will be held in St. Petersburg, Florida, April 1-4, 1957.

The contest is open to residents in AMA approved residencies in West Virginia and 12 other southern states, including the District of Columbia.

Three copies of the paper should be sent before December 1, 1956 to the Councillor of the state in which the resident is living and the winner will present the paper before the Congress Assembly at the annual meeting.

Further information concerning the award may be obtained by writing Dr. A. H. Letton, Chairman, Scientific Paper Award Committee, 478 Peachtree Street, Atlanta, Georgia.

Dr. W. W. Davis Accepts New Office

Dr. William W. Davis, former pediatrician of Parkersburg, who has been assistant professor of preventive medicine at Ohio State University School of Medicine since 1953, has accepted appointment as medical director at the North American Aviation plant in Columbus, Ohio. He and his family reside in Westerville, Ohio.

State Medical Association Renews VA Contract for 1957

The contract between the Veterans Administration and the West Virginia State Medical Association covering home-town care of veterans has been renewed for the fiscal year ending June 30, 1957. The contract was executed by the chief of the service contracts section of the Veterans Administration in Washington, and, as authorized by the Council, the president, Dr. Athey R. Lutz, signed for the State Medical Association.

There has been no change in the fee schedule except a slight amendment that was agreed to earlier in the year by the Council of the West Virginia State Medical Association.

Item 0012, on page 5 of the fee schedule which became effective October 1, 1952, has been amended by adding the words "Examination to determine Need for Aid and Attendance, when requested" so that the item will read as follows:

"0012—Complete general routine physical examination including routine urinalysis, (Chemical), (Examination to determine Need for Aid and Attendance, when requested) ..... $7.50"

More than 1300 members of the West Virginia State Medical Association have signed cards as participating physicians under the VA program since it was inaugurated several years ago; however, due to death, removal from the state and retirement, there are probably not more than 1150 physicians participating at the present time.

Three New AMA Films

The AMA has added the following new films to its motion picture library for use by state and county medical societies:

"Alcohol and the Human Body"—Portrays the course that ethyl alcohol takes when it enters the human body in the form of beverages. Running time, 10 minutes.

"Heart Diseases—Its Major Causes."—Consists of pictures of patients to illustrate the various situations that arise out of heart disease. Running time, 10 minutes.

"Tobacco and the Human Body."—Analyzes the contents of tobacco smoke, demonstrates some of the physiological effects of smoking. Running time, 15 minutes.

Full information concerning the films may be obtained by writing the AMA Motion Picture Library, 535 N. Dearborn Street, Chicago 10, Ill.

MLB to Meet July 16-20

The summer meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston, July 16-20. Written examinations will be given July 16-18, and applicants for licensure by reciprocity will be interviewed on July 20.

Change in Official Name Of Ob. & Gyn. Group

The name of The American Academy of Obstetrics and Gynecology was changed to The American College of Obstetricians and Gynecologists, effective May 11, 1956. The change was authorized at the annual meeting in Chicago in December, 1955.

The organization was incorporated in August, 1951. It now has 3831 Fellows, and probably 500 new Fellows will be inducted at the 1956 meeting which will be held at the Palmer House in Chicago, November 7-9, 1956.

Dr. Ralph E. Campbell of Madison, Wisconsin is president of the organization, Dr. R. Gordon Douglas of New York City, president elect, and Dr. C. Paul Hodginskon of Birmingham, Michigan, secretary.

The executive secretary is Mr. Donald F. Richardson of Chicago, who maintains headquarters at 116 South Michigan Avenue, in that city.

Medical Service Society Expresses Thanks

A copy of a resolution expressing appreciation and thanks from the Medical Service Society of America has been received at the headquarters offices of the West Virginia State Medical Association, in Charleston.

The resolution, certified by Mr. E. C. Trueblood, Jr., President, and Mr. Theron E. Cooley, Secretary-Treasurer, is as follows:

> WHEREAS, the West Virginia State Medical Association, through its Executive Secretary, Officers and Members, has cooperated with and been of material and moral assistance to the Charleston Chapter of the Medical Service Society of America in its efforts to be of service to the medical and allied professions . . .
>
> WHEREAS, the Medical Service Society of America in 11th Annual National Convention assembled would like to commend and thank said West Virginia State Medical Association for its efforts to promote a better understanding of and relationship between the physicians and detailmen of America both on the local and national level . . .
>
> NOW, THEREFORE, BE IT RESOLVED that this convention extend its greetings and salutations to all Members and Officers of the West Virginia State Medical Association and cause this resolution of appreciation to be executed.

The resolution was adopted at the 11th Annual National Convention of the Medical Service Society of America which was held in Hot Springs, Arkansas, May 18-20, 1956.

Doctor Lyon Receives Honorary Degree

Dr. George M. Lyon of Huntington, who assumed his duties in April as manager of the Veterans Administration Hospital in that city, received the honorary degree of Doctor of Science at the 125th Commencement Exercises of his Alma Mater, Denison University, in Granville, Ohio, June 11, 1956.

Doctor Lyon had his pre-medical training at Denison and received an Alumni Citation in 1949.

Six Physicians Elected Members of County School Boards

Information received at the headquarters offices of the West Virginia State Medical Association as this issue of the Journal goes to press shows that six physicians were elected at the May primary as members of county boards of education, as follows:

Harrison County, E. Burl Randolph, Clarksburg (reelected); Marshall, William P. Bradford, Moundsville (reelected); McDowell, A. B. Carr, War (reelected); Summers, J. W. Stokes, Hinton (reelected); Wetzel, Richard F. Miller, Paden City; and Wood, Paul L. McCuskey, Parkersburg.

In addition to those elected and reelected as members of county boards of education, the following physicians are now serving in that capacity:

Cabell County, M. H. Cummings, Jr., Huntington; Harrison, F. Carl Chandler, Bridgeport, and J. F. Williams, Jr., Clarksburg; Lewis, Ralph M. Fisher, Weston; Upshur, H. O. Van Tromp, French Creek; and Wetzel, E. C. Blum, New Martinsville.

Dr. Ward Wylie of Mullens was nominated on the Democratic ticket to succeed himself as a member of the West Virginia Senate from the Ninth Senatorial District, and Dr. T. G. Matney of Peterstown is the Democratic nominee to succeed himself as a member of the House of Delegates from Monroe County.

Dr. J. A. Rusmissell of Buckhannon was elected delegate from the Third District to the Republican National Convention, and Dr. Ward Wylie was named alternate delegate to the Democratic National Convention.

Dr. William E. Neal of Huntington was nominated on the Republican ticket for Representative in Congress from the Fourth Congressional District.

Dr. C. W. Stallard of Montgomery received the nomination on the Democratic ticket for county commissioner in Fayette County, and Dr. J. M. Cofer of Bergoo was nominated on the Democratic ticket for the same office in Webster County.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

July 15—Symposium, Va. and W. Va. Chaps., AAGP. White Sulphur Springs.
July 16-20—Medical Licensing Board, Charleston.
Aug. 20-22—Working Conf. on School Health, Jackson's Mill.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Sept. 13-14—W. Va. TB and Health Assn., Beckley.
Sept. 20—W. Va. Heart Assn., Bluefield.
Sept. 29—ACP Regional meeting, Charleston.
Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8-12—ACS, San Francisco.
Oct. 9-14—World Med. Assn., Havana, Cuba.
Oct. 14-17—Med. Soc. of Virginia, Roanoke.
Oct. 22-25—Interstate Postgraduate Med. Assn., Cleveland.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seatttle.

Supreme Court Holds Chiropodists Not Duly Licensed Physicians

The West Virginia Supreme Court of Appeals has held that chiropodists are ineligible to participate in programs of medical service corporations. The decision was unanimous.

In the opinion handed down by Judge Frank C. Haymond on May 28, it was held that "a duly licensed chiropodist is not a duly licensed physician within the meaning of clauses" of the act extending legal sanction and encouragement to hospital and medical service corporations.

In his opinion, Judge Haymond further stated that "When a statute is clear and unambiguous and the legislative intent is plain, the statute should not be interpreted by the courts. In such case it is the duty of the courts not to construe but to apply the statute."

The case was originally brought by Medical Care Inc., of Huntington, in the circuit court of Cabell County to determine whether or not its contracts required it to pay charges incurred by contract holders for treatment by chiropodists.

The case was heard by the Supreme Court upon certification by the circuit court of Cabell County.

In the 15-page opinion, Judge Haymond noted that chiropodists who are members of the Medical Licensing Board of West Virginia participate in its proceedings "and vote as members of the board only on matters pertaining to the licensure, examination, or suspension, revocation, or reinstatement of the licenses of chiropodists."

Dr. C. M. Caudill Certified

Dr. Carrell M. Caudill of Charleston has been certified by the American Board of Neurological Surgery.

Catalog of TV Health Films

County medical societies interested in obtaining a catalog of health films cleared for use on local television stations may obtain a copy from AMA headquarters. The catalog was prepared by the public health officials of the Kalamazoo, Michigan, City-County Health Department. The AMA was given permission to reproduce the catalog and make it available without charge to those interested in using health films on TV.

Requests for the free catalog should be made to the AMA Committee on Motion Pictures and Medical Television, 535 N. Dearborn Street, Chicago 10, Illinois.

Good doctors have nothing to fear or be ashamed of when their day's work is done. When it comes to making a choice between dollars and the health of our citizens, we should and will choose health every time.—James P. Rousseau, M. D., in North Carolina Medical Journal.

A small boy's definition of a conscience: "Something that makes you tell your mother before your sister does."—Anon.

President Eisenhower's Surgeon Native of Parkersburg

The surgeon who performed the emergency operation on President Eisenhower in June was Major General Leonard D. Heaton (MC), commandant of Walter Reed Hospital. He is a native of Parkersburg, and his mother, Mrs. George D. Heaton, still resides there.

Following his graduation from the University of Louisville Medical School in 1926, General Heaton was given a commission in the Medical Corps and has made the army his career since that time. He was serving as chief of surgical service at North Sector Hospital in Hawaii at the time of the attack on Pearl Harbor in 1941, and won official commendation for his handling of the wounded.

Relocations

Dr. Edward H. Hunter of Webster Springs has relocated at Richwood, where he is a member of the staff of McClung Hospital. He had practiced medicine continuously at Webster Springs since 1934.

* * * *

Dr. A. Allen Bliss of Montcoal has moved to Beckley where he will continue in general practice with offices at 128 South Heber Street.

* * * *

Dr. Harry F. Coffman, who has been practicing in Keyser since 1946, has accepted a residency in pediatrics at the Los Angeles Children's Hospital. At the present time, he is living with his family in Pomona, California. His address there is 587 Roderick Avenue.

* * * *

Dr. Roy A. Edwards, superintendent of Western State Hospital at Hopkinsville, Kentucky, will move to Huntington the latter part of July where he will engage in the practice of his specialty of psychiatry. He will have offices with two other Huntington psychiatrists, Dr. C. G. Polan and Dr. R. W. Hibbard, at 418½ Tenth Street. Doctor Edwards is a graduate of the Medical College of Virginia and served as a resident in internal medicine at the C. & O. Hospital in Huntington, 1949-50.

Dr. Guthrie Y. Graves Heads Conference of Presidents

At the Twelfth Annual Meeting of the Conference of Presidents and Other Officers of State Medical Associations, held in Chicago, June 10, Dr. Guthrie Y. Graves of Bowling Green, Kentucky, was installed as president. Dr. John W. Green of Vallejo, California, was named president-elect, and James A. Waggener of Indianapolis, executive secretary of the Indiana State Medical Association, was reelected secretary.

Two State Doctors Certified By Ob. & Gyn. Board

Dr. John T. Chambers of Charleston and Dr. Charles S. Harrison of Clarksburg were certified at the annual meeting of the American Board of Obstetrics and Gynecology on May 20, 1956.

Following the annual meeting and completion of Part II examinations, it was announced that out of the total number of 471 new and reopened applications this year, 108 were postponed by the Credentials Committee.

A total of 430 candidates took the Part I examinations. There were 48 failures in this group, 25 in the written examinations and 23 in case reports.

Of the total of 415 candidates who participated in the Part II examinations, 317 were certified and 98 failed of certification.

Applications for certification for the 1957 examinations are now being accepted. The deadline for receipt of applications, new and reopened, is October 1. Full information concerning requirements, may be obtained by writing the secretary-treasurer, Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, Ohio.

Va.-W. Va. Chapters, AAGP, Plan Greenbrier Meeting

A Symposium on Clinical Medicine, sponsored jointly by the Virginia and West Virginia chapters of the American Academy of General Practice, will be held at the Greenbrier, in White Sulphur Springs, on Sunday, July 15, 1956.

Dr. Frank E. Tappan, President of the Virginia Chapter of the AAGP, will be the moderator at the morning session when the following program will be presented:

"Management of Chronic Non-Specific Ulcerative Colitis."—Robert A. Schneider, M. D., Associate Professor of Medicine, University of Oklahoma School of Medicine, Oklahoma City.

"Problems in Pregnancy."—Emil G. Holmstrom, M. D., Professor and Head, Department of Obstetrics and Gynecology, University of Utah School of Medicine, Salt Lake City.

"Recognition of Emotional Problems in Children." —Joseph Hughes, M. D., Professor of Psychiatry, Women's Medical College of Pennsylvania, Philadelphia.

Afternoon Session

The afternoon session will get under way at two-thirty o'clock, with Logan W. Hovis, M. D., President, West Virginia Chapter, AAGP, as the moderator. The following program will be presented:

"Technique and Value of Sigmoidoscopy."—Harry E. Bacon, M. D., Professor and Head, Department of Proctology, Temple University School of Medicine, Philadelphia.

"The Use and Abuse of Antibiotics."—George Jackson, M. D., Associate Professor of Medicine, University of Illinois College of Medicine, Chicago.

"Stress and Connective Tissue Diseases."—Gaetan Jasmin, M. D., Ph. D., Assistant Professor of Medicine, Institute of Medicine and Experimental Surgery, University of Montreal, Montreal, Canada.

Luncheon Program

Luncheon will be served at noon, and Dr. D. Wilson McKinlay, Member of the Board of Directors and Chairman of the Commission of Education, AAGP, will be the speaker.

Dr. Edward Haddock, Chairman of the Editorial Committee of the Virginia General Practice News, will be the toastmaster.

A cocktail hour and reception in the ballroom will follow the afternoon session.

It has been announced that no fee will be assessed for the luncheon, reception or scientific sessions, and that five hours of Study Course Credit (Category I) will be given for the symposium by the AAGP.

Lederle Laboratories Division of the American Cyanamid Company will serve as co-sponsor of the symposium.

State Physicians Honored

Dr. John Bankhead Banks of Charleston was elected president of the University of Virginia Medical Alumni Association at the meeting held in Charlottesville early in June.

Dr. William J. Kopp of Huntington has been certified by the American Board of Pediatrics.

Dr. Max Koenigsberg of Charleston was elected a Fellow of the American College of Cardiology during the spring convocation held in Chicago the middle of May.

Dr. Robert D. Crooks of Parkersburg has been elected to fellowship in the American Academy of Pediatrics.

Dr. Robert D. Woodward of Elkins, head of the department of psychiatry at the Golden Clinic in that city, has been elected to associate membership in the American Psychiatric Association.

WVU Medical School Alumni Meeting

A luncheon meeting of the Alumni of West Virginia University School of Medicine was held in the Coral Room at the Hotel Morgan in Morgantown on Sunday, June 3.

Following the luncheon, a tour of the new Basic Sciences Building at the new Medical Center was conducted by Dr. Clark K. Sleeth, associate professor of medicine at the School of Medicine. The following physicians attended the meeting:

George T. Evans, Fairmont, president of the Medical Alumni Association; William A. Thornhill, Jr., Charleston; L. Dale Simmons, Clarksburg; R. L. Lambert and J. J. Jenkins, Fairmont; Peter D. Crynock, George A. Curry, G. R. Maxwell, S. J. Morris, H. A. Shaffer, Clark K. Sleeth, E. B. Tucker, and E. J. Van Liere, Morgantown; Karl J. Myers, Philippi; S. Elizabeth McFetridge and Halvard Wanger, Shepherdstown; Edwin J. Kamons and Harold Kamons of Uniontown, Pennsylvania; and Harold Cashman, St. Clairsville, Ohio.

The West Virginia Medical Journal

August 1956 Vol. 52, No. 8

Present Status of Lumbar Sympathectomy*

Henry Mishalaney, M. D., Bert Bradford, Jr., M. D., and R. Thomas Linger, M. D.†

While lumbar sympathectomy has been established as a valuable adjunct in the treatment of peripheral vascular diseases and other disorders of the lower extremities, the operation does not enjoy uniform popularity.

Two reasons may account for the reluctance to perform lumbar sympathectomy: (1) the poor results obtained in improperly selected cases and (2) failure to remove all the ganglia of the lumbar chain, and their communicating branches.

The Authors

- **Henry Mishalaney, M. D., Bert Bradford, Jr., M. D., and R. Thomas Linger, M. D., members of the staff, Memorial Hospital, Charleston, W. Va.**

Anatomy

Lowenberg and Morton[7] studied 58 lumbar sympathetic chains and found that the most common number of ganglia was four (in 24 chains), the second most common, three (in 19 chains), and then five (in 10 chains). The number of ganglia was not always the same on both sides. There was considerable variation in the position of the first four ganglia in relation to the vertebral bodies. Yeager and Cowley[8] found too much variation in the direction of the rami communicans to make them reliable guides in identifying the ganglia. The lumbar veins cross over the chain at right angles. The crura of the diaphragm cover the upper part of the chain. The para-aortic lymph nodes often cover part of the chain on the left and may add difficulty to the surgical dissection. The genito femoral nerve and ureter should be identified as they often are mistaken for the chain due to their proximity.

Physiologic Considerations

By interrupting the lumbar sympathetic system, an increased blood flow is observed in the major arteries (when not involved in extensive disease) and their collaterals, and in the arterioles[12]. By increasing the blood flow to the extremities lumbar sympathectomy relieves pain, promotes healing of local lesions and in many cases obviates gangrene. It also eliminates perspiration and consequently increases the skin temperature of the extremities. It does not result in a cure nor does it affect the course of the underlying disease as a rule.

Technique

The retroperitoneal lumbar sympathectomy done through a transverse lateral abdominal incision is preferred in most cases. In general, only one sympathetic chain is removed at one time even when bilateral sympathectomy is contemplated.

The lower extremities are best denervated by excision of all lumbar ganglia (L1 to L4 or L5), their rami communicans and the intercommunicating fibers (9) (10) (11). Pratt[10] reoperated and successfully removed ganglia in 19 cases in which a limited lumbar sympathectomy previously had been performed and the results classified as poor.

The extent of the sympathectomy can be judged by gross and microscopic study of the

*Presented before the annual meeting of the West Virginia Chapter of the American College of Surgeons, at the Greenbrier, White Sulphur Springs April 14, 1956.

†From the Surgical Service, Memorial Hospital, Charleston, W. Va.

resected chain and recovery of the ganglia, also by the sweating test, skin temperature measurements, and the clinical response in properly selected cases.

The recurrence of vasoconstrictor activity after sympathectomy was studied by Robertson and Smithwick,[5] in cases in which peripheral vessel pulsations were present before and after operation. One-third of the group only demonstrated evidence of incomplete denervation in one to 15 years' follow-up study. Clinically, the results in all cases, after denervating L1, L2 and L3, were classified either as good or fair. It is apparent that a small group of patients will show reactivation of the sympathetic system. For this reason, a more extensive resection including T12 recently is being done through the bed of the 12th rib. Advocates of this procedure claim less regeneration of fibers following resection of T12.[19]

In the male, complete bilateral sympathectomy (including L1) is followed by sterility or loss of power of ejaculation, or both, in approximately 50 per cent of cases. In the younger male, it is best not to resect both L1 ganglia. In the female, no such changes were observed.

Arteriosclerosis

Arteriosclerosis obliterans is the condition most commonly identified with occlusive peripheral arterial disease. In 70 per cent of cases, the patients undergoing sympathectomy by Berry[13] and Yeager[9] were between 50 and 70 years of age. In Berry's series, 11 patients were over 75 years of age, and in Yeager's series, six were over 80. In properly selected cases, age is not a contraindication for lumbar sympathectomy.

Berry[13] reports an amputation rate of 41 per cent following sympathectomy, but the operation as performed was limited to L2 and the ganglia below. Yeager,[9] performing the more radical lumbar sympathectomy (L1-L4), often bilaterally, reports an amputation rate of 24.7 per cent following surgery. Pratt[10] has a 20 per cent amputation rate following lumbar sympathectomy. Diabetes and infection played an important part in increasing the amputation rate in each of the series of cases reported. Lynch[14] reports a 32.5 per cent re-amputation rate in cases in which lumbar sympathectomy was performed as compared with a re-amputation rate of 66 per cent in those in which sympathectomy was not performed. Intermittent claudication was improved in 85 per cent of cases studied by de Takats[15] and Collier[16].

In lumbar sympathectomy, the best results are obtained in those cases in which there is moderate ischemia of the feet, with ulceration and gangrene, if present, limited to the skin.

Lumbar sympathetic block is helpful in the selection of cases; however, in a few cases there has been excellent response after sympathectomy, despite a negative response to the block. Several other tests are used, among which are the skin temperature changes[12] under spinal anesthesia and the 20 second flushing test with dependency of the extremities.

The distressing gangrene that develops occasionally following lumbar sympathectomy has been the subject of much debate. Ross[18] blames the gangrene on a high lumbar sympathectomy that opens up the vascular bed in the proximal part of the limb and shunts the blood from the distal parts. It is the feeling of most observers that such unfortunate complications occur in the far advanced cases with extensive main vessel obliteration or cases in which gangrene already was present[2]. The severely sclerotic vessels cannot deliver the increased oxygen demand occasioned by the increased metabolism of tissues following sympathectomy. Rough handling of tissues and retractor pressure on the aorta well may dislodge an arteriosclerotic plaque[1].

Ostrove,[18] in reviewing 112 cases of advanced arteriosclerosis complicated by gangrene, concluded that sympathectomy did not accelerate gangrene, and that the operation as performed by them (L2 and L3) did not limit the extension of gangrene in the advanced arteriosclerotic. He advised including L1 in the resection of the sympathetic ganglia.

Conservatism in performing an amputation in arteriosclerosis obliterans generally is not in the best interests of the patient[24]. While the number of transmetatarsal amputations is becoming more limited and the majority of amputations are done at the junction of the middle and lower thirds of the thigh, yet the decision of amputation level should always be an individual one.

Case 1.—Hospital No. 27411. B. G., a 67-year-old white male, was admitted to Charleston Memorial Hospital, August 10, 1955, because of grabbing pain in the left side of the chest and intermittent claudication in the right leg calf, associated with walking one or two city blocks. These latter symptoms had progressed in the past few months. The patient always had been a non-smoker. Physical examination showed evidence of arteriosclerosis of the lower extremities. The pulsation in the left dorsalis pedis and popliteal arteries was present, while that in the right dorsalis pedis was absent and that in the right popliteal artery was faintly felt. The right

leg and foot were colder than the left. The chest showed evidence of emphysema and cor pulmonale. The pain in the chest was diagnosed as anginal and was relieved most of the time by nitroglycerine. On August 18, 1955, a right lumbar sympathectomy (L1-L4) was performed. The patient made an uneventful recovery, and the degree of improvement was marked. No more pain was experienced on walking long distances, and the right foot regained its warmth although pulsations never returned to the posterior tibial and dorsalis pedis arteries. At present, five months after the lumbar sympathectomy, the patient has no complaints referable to his legs and feet, which are equally warm. So far, the clinical improvement following lumbar sympathectomy has been gratifying.

Sudden Arterial Occlusion. Post Thrombotic Syndrome. Peripheral Arterial Aneurysm. Arteriovenous Fistula

In dealing with an acute arterial embolus of the lower extremities, Lynch[14] states that procaine sympathetic block should be performed as soon as the diagnosis is made. He states that "within half an hour with the relief of vasospasm and return of adequate circulation to the distal portion of the extremity, the pain will disappear, function will return, the skin will become pink and warm, and there will be more normal filling of the superficial veins." In case of poor response to the block, Lynch advises embolectomy in most instances.

Shumaker[20] found lumbar sympathectomy of value in the operative management of peripheral aneurysm and arteriovenous fistula. Lumbar ganglionectomy is equally valuable in the cases of patients suffering from the postthrombotic syndrome and in which, despite conservative therapy, there still are complaints of heaviness, paresthesia and anesthesia[1].

Lumbar Sympathectomy as an Adjunct to Amputations of the Lower Extremities

Pratt,[1, 10] brings out the value of lumbar sympathectomy in promoting healing of the amputation stump and stump ulcers.

Case 2.—Hospital No. 1315. C. C., a 53-year-old white male, was admitted to Charleston Memorial Hospital, April 5, 1952. He had had a traumatic, below-the-knee amputation of the right leg at the age of 15. In 1948, he underwent revision of the amputation stump because of an infected ulcer. Eight months prior to admission, another ulcer developed at the amputation stump, became infected, and grew larger.

Physical examination revealed an infected ulcer 6 x 5 cm., with moderately raised borders, at the end of the amputation stump. The right leg felt cold at all times. The left leg showed varicosities and stasis dermatitis. Femoral pulsations and popliteal pulses were palpable bilaterally. The posterior tibial could not be felt, but the dorsalis pedis was palpable on the left. Revision of the amputation stump was done in April, 1952, followed several days later by right lumbar sympathectomy and bilateral high saphenous vein ligation. Healing of the stump was uneventful. When seen three years later, the patient had good popliteal pulses bilaterally. The right amputated leg felt warm, with no ulcers present, but showed epithelial hyperplasia at its tip where it came in contact with the prosthesis. No symptoms of vascular insufficiency were demonstrable three years following the sympathectomy.

Raynaud's Disease

Conservative measures always should be given a thorough trial in cases of vasospastic functional and organic disease. Such measures consist of keeping the skin covering intact and avoidance of all constricting or spastic elements whether chemical or physical. These patients should be trained to control their emotions and avoid the use of nicotine and vasoconstrictors of the ergot family. They should refrain from wearing garters, and tight fitting garments and shoes. Change to a warmer climate certainly is indicated if the financial status permits.

Several drugs have been widely used as sympathetic blocking agents, with variable degrees of success. In a recent review of such drugs, Moser[4] and his co-workers found that Dibensyline and Hexamethonium were much more effective and had fewer side-reactions than oral or intra-arterial Priscoline. They concluded that the difficulties encountered in chemical interruption of the sympathetic pathways were, mainly, the inability to achieve selective inhibition in one area of the body, the necessity of continuous medication, and the matter of the patient's tolerance to the drug. It seemed logical to them to reserve chemical sympathetic block for conditions involving two or more limbs, or for those requiring only temporary or intermittent interruption.

Lumbar sympathectomy is reserved for the more advanced cases of Raynaud's disease of the lower extremities, and is accompanied by uniformly gratifying results.[2, 22]

The operation is indicated when Raynaud's phenomena becomes progressively worse each winter, or when trophic changes and scleroderma appear. In Allen's experience, painful ulcerations heal after sympathectomy, but the operation does

not necessarily prevent subsequent ulceration and progression of the scleroderma.

The late results of the operation depend on the completeness of the sympathectomy, the time it is performed in relation to the progression of the disease, and the individual's hypersensitivity to the vasoconstrictor substances in the blood[17].

Thrombo-Angiitis Obliterans (Buerger's Disease)

While arteriosclerosis may or may not be associated with a significant degree of vasospasm, in thrombo-angiitis obliterans there frequently is a large element of arterial spasm.[3] Smoking, strong emotional disturbances, and exposure to cold should be avoided by these patients.

Lynch,[14] James and Ivins,[23] and many others advise lumbar sympathectomy as soon as the diagnosis of Buerger's disease is established. They advise conservatism in amputation in thrombo-angiitis obliterans. In many cases labeled Buerger's disease the patient actually suffers from arteriosclerosis and for this reason arteriograms are advocated in those cases in which popliteal pulsations are absent.

Several observers[24, 25] have reported the clinical result of lumbar sympathectomy in cases of thrombo-angiitis obliterans with ulceration or gangrene, or both. On the average, beneficial results were obtained in about 75 per cent of cases.

Case 3.—Hospital No. 30757. K. T., a 44-year-old white male, was admitted to Charleston Memorial Hospital, December 1, 1955, because of pain in the right foot of three months' duration. He was suffering from "athlete's foot", and had bathed the right foot in a bleach solution. Following this treatment, a small ulcer developed at the base of the big toe, failing to heal on conservative therapy. The patient was smoking 15 cigarettes a day.

Physical examination revealed the left foot to be amputated, the result of an accident in 1931. All pulsations were absent below the popliteals, bilaterally. The right leg and foot were colder than the left and were moist. Upon stretching the right knee, the patient experienced pain at the base of the ulcer. A procaine block of the right lumbar sympathetic chain brought relief from pain, also warmth and dryness to the right leg and foot. An arteriogram with the patient under general anesthesia, revealed visualization of the main arteries of the lower extremity with poor collateral circulation and areas of narrowing, especially in the tibial arteries, indicating a partial obliteration. The changes were those seen in thrombo-angiitis obliterans. On December 8, 1955, right lumbar sympathectomy (L1-L4) was performed, with resultant increase in warmth and dryness of the foot and leg, and with relief of subjective pain. A series of three intra-arterial histamine injections were done in the right femoral artery, with progressive flushing of the skin of the lower extremity after each injection. On January 3, 1956, debridement of the ulcer bed and application of small deep pinch grafts was carried out. At present, the ulcer is healing very well, and the patient has no subjective symptoms. He has stopped smoking since his admission to the hospital.

Post-Traumatic Sympathetic Dystrophy (Causalgia). Sudeck's Osteoporosis

In the milder cases, conservative measures, physical therapy and chemical vasodilators are indicated. When these fail, lumbar sympathectomy is indicated and has resulted in a high rate of cure. Mayfield[16] reported the results of sympathectomy in 105 cases during World War II, in which there had been severe disability and causalgia; in all but nine, relief was obtained. In the management of causalgia, Pratt[1] warns against the patients who are neurotic, or malingering, or seeking compensation. He concludes that in true causalgia, the interruption of the sympathetic pathways offers the best chance of relief of symptoms.

Case 4.—Hospital No. 4123. J.L.K., a 17-year-old white female, was admitted to Charleston Memorial Hospital, on November 9, 1952, because of a painless swelling of the right lower extremity below the knee, with no history of injury or disease. During several months before admission, the right leg became painful and blue when the patient had walked several city blocks. The symptoms would improve markedly on rest. Physical examination showed the thighs to be of equal size, but the right calf to be one-half inch larger in circumference than the left. All pulsations were felt equally well in both lower extremities. There was no difference in color and temperature of the lower extremities. The patient had no complaints relative to the upper extremities. A lumbar sympathetic procaine block helped abate symptoms and reduce the swelling of the right leg. A right lumbar sympathectomy (L3-L4) was performed November 12, 1952. The pain was greatly improved and the right leg diminished in size before the patient left the hospital. At present, three and one-half years following the sympathectomy, the patient enjoys full physical activity, with no subjective symptoms and no swelling of the right leg.

Case 5.—Hospital No. 22594. C.W., a 59-year-old white male, was admitted to Charleston Memorial Hospital, March 8, 1955, because of extreme pain and cold sensation in the left leg. In 1951, in a mine accident, he had received multiple fractures and extensive lacerations of the left leg necessitating 11 operations. He complained of intense pain in the heel and over the instep of the left foot with extreme exacerbation of the pain and claudications in the calf on walking. He used a heating pad to keep the foot warm and to obtain relief of pain. Examination revealed wasting of the left lower extremity, with multiple well healed scars. There was limitation of motion in the ankle, but none in any other joint. The skin had obvious poor circulation, but there was no ulceration. The posterior tibial artery was not palpable; the dorsalis pedis was faintly palpable. X-ray revealed union of a bone graft, also union of a fracture of the medial malleolus and distal shaft of the tibia; there was no osteoporosis. Left lumbar sympathectomy, with removal of L2, L3, and L4, was performed March 21, 1955. The patient made an uneventful recovery. There was marked relief of pain, with increase in warmth of the skin of the left leg and foot at the time of his discharge from the hospital. Six months following surgery, the patient had resumed his daily duties and was having only minimal residual pain.

Chronic Pernio (Chilblain), Frost-Bite, Achrocyanosis, Livido Reticularis and Scleroderma

The basic treatment in achrocyanosis, pernio and frost-bite is preventive. All medical measures known to increase the blood flow should be tried, and great care should be taken to protect the extremities from exposure to cold. In severe cases of achrocyanosis, sympathectomy can be performed, with results as good as those following its use in Raynaud's disease.[2] In chronic pernio, the results of lumbar sympathectomy are not so encouraging. The operation helps in the healing of local lesions, but does not afford protection from further exposure to cold. If performed early, lumbar sympathectomy gives better results than if performed when the skin and subcutaneous tissue have been scarred and fibrosed following repeated attacks. Sympathectomy rarely is indicated in livido reticularis but, according to Pratt,[1] can be expected to give some beneficial results if the local sympathetic block has been of value.

The results of lumbar sympathectomy performed in the early cases of frost-bite have been so inconsistent that the operation rarely is employed in the treatment of this condition. In the late cases of frost-bite, lumbar sympathectomy is indicated if there is evidence of hyperactive sympathetics.

When Raynaud's phenomenon plays a prominent role in scleroderma and when the process is slowly progressive, some benefit may be obtained from lumbar sympathectomy; however, the procedure generally is not of much value in this disease.

Hyperhidrosis of the Lower Extremities

All writers on this subject agree that in no other condition is the relief following lumbar sympathectomy as spontaneous and as satisfactory as that following its use in hyperhidrosis of the lower extremities. When the hyperhidrosis involves the lower as well as the upper extremities, lumbar sympathectomy should be limited to the removal of L3 and L4 as denervation of the upper extremities takes precedence. Banthine should be given a fair trial in cases of generalized hyperhidrosis before extensive surgery is undertaken.

Diseases of the Nervous System

In the cases of syringomyelia, progressive muscular dystrophy and residual anterior poliomyelitis, the patient often has cold and cyanotic extremities and may exhibit swelling of the feet, with ulceration. Following sympathectomy, the ulcers heal and the swelling of the feet subsides.[2] In the growing child, the increased blood supply following sympathectomy helps the growth of the bone and muscle and may arrest the shortening of the affected extremity in poliomyelitis.

Discussion

Lumbar sympathectomy is used today as an adjunct in the management of various disorders affecting the lower extremities. The operation is not a cure, and does not affect the progress of the underlying disease, in the majority of instances. Its value in increasing the blood flow to the lower extremities has been established, and it is by means of such increase that it relieves pain, promotes the healing of local lesions and may, in many instances, obviate the possibility or limit the extent of gangrene. Interruption of the sympathetic outflow to the sweat glands relieves the symptoms of hyperhidrosis. Lumbar symphathectomy can be an exceedingly gratifying procedure if a careful selection of cases is made and complete lumbar ganglionectomy carried out. The prime indication for lumbar sympathectomy will be found in those cases in which the patient is suffering from ischemic cutaneous lesions, and in which major arterial embarrass-

ment is not present. The operation should be performed at a time when benefit can be expected; it should not be held as a last resort to save an extremity. At the same time, lumbar sympathectomy always should be but one measure among several in the surgeon's armamentarium relating to the combat of disorders of the lower extremities.

References

1. Pratt, G.: Cardiovascular Surgery, Philadelphia, Lea and Febiger, 1954.
2. Allen, E., Barker, N., & Hines, E.: Peripheral Vascular Diseases, Philadelphia, W. B. Saunders Co.
3. White, J., Smithwick, R., Simeone, F., Moser, M., Prandoni, A., Orbison, J., & Mattingly, W.: The Autonomic Nervous System, New York, The MacMillan Co., 1952.
4. Moser, M., Prandoni, A., Orbison, J., & Mattingly, W.: Clinical Experience with Sympathetic Blocking Agents in Peripheral Vascular Disease, Ann. Int. Med. 38:1245-1264 (June) 1953.
5. Robertson, C. W., & Smithwick, R. H.: The Recurrence of Vasoconstrictor Activity After Limb Sympathectomy in Raynaud's Disease and Allied Vasomotor States, New England J. Med. 245:317-320 (Aug. 30) 1951.
6. Boyd, A. M., Ratcliffe, A. H., Jepson, R. O., & James, G. W. H.: Intermittent Claudication, J. Bone & Joint Surg. (Brit. Vol.) 31:325, 1949.
7. Lowenber, R., & Morton, D.: The Anatomic and Surgical Significance of the Lumber Sympathetic Nervous System, Ann. Surg. 133:525, 1951.
8. Yeager, G., & Cowley, A.: Anatomical Observations on Lumbar Sympathetics with Evaluation of Sympathectomies in Organic Peripheral Vascular Disease, Ann. Surg. 127:953, 1948.
9. Yeager, G., Cowley, A., & Curtis, H.: Lumbar Sympathectomy in Peripheral Vascular Disease, Amer. Surgeon 21:233, 1955.
10. Pratt, G.: Amputation After Surgical Sympathectomy for Obliterative Vascular Disease, Surg., Gynec. & Obst. 100:43, 1955.
11. Ostrove, L.: Evaluation of Lumbar Sympathectomy in Advanced Arteriosclerotic Peripheral Vascular Disease Complicated by Gangrene, Am. J. Surg. 89:601, 1955.
12. Crauley, L., Hermann, L., & Preuninger, R.: Evaluation of Factors which Influence the Circulation in the Extremities with Obliterative Arterial Disease, Surgery 34:1076, 1953.
13. Beury, R., Flotte, C., & Coller, F.: A Critical Evaluation of Lumbar Sympathectomy for Peripheral Arteriosclerotic Vascular Disease, Surgery 37:115, 1955.
14. Lynch, R.: Surgical Procedures in Peripheral Arterial Disease, Surg. Clin. North America (Aug.) 1953.
15. De Takats, G., Fowler, E. F., Jordan, P., & Risley, T. C.: Sympathectomy in the Treatment of Peripheral Vascular Sclerosis, J.A.M.A. 131:495, 1946.
16. Coller, F., Campbell, K., Harris, B., & Berr, R.: The Early Results of Sympathectomy in Far Advanced Arteriosclerotic Peripheral Vascular Diseases, Surgery 26:30, 1949.
17. Ross, J.: Some Unsolved Problems in Surgery of the Sympathetic Nervous System, Quart. Bull. Northwestern U. Med. School 28:1, 1954.
18. Ostrove, L.: Evaluation of Lumbar Sympathectomy in the Advanced Arteriosclerotic Peripheral Vascular Disease Complicated by Gangrene, Am. J. Surg. 89:601, 1953.
19. Lily, G., Smith, D., Biggene, F., & Jana, J.: An Evaluation of "High" Lumbar Sympathectomy in Arteriosclerotic Circulatory Insufficiency of the Lower Extremities, Surgery 35:1, 1954.
20. Shumaker, H. B., Jr.: Sympathectomy as an Adjunct in the Operative Treatment of Aneurysms and Arteriovenous Fistulae. I. Sympathectomy Performed Before or at the Time of Operation, Surgery 22:571, 1947.
21. Haxton, H. A.: Regeneration After Sympathectomy and Its Effects on Raynaud's Disease, Brit. J. Surg. 35:69-76, 1947.
22. Fedler, D. A., Simeone, F. A., Linton, R. R., & Welch, C. E.: Evaluation of Sympathetic Neurectomy in Raynaud's Disease Based on a Follow-Up Study of Forty Patients, Surgery 26:1014, 1949.
23. James, J., & Ivins, J.: Surgery of Peripheral Arterial Disease, Surg. Clin. North America (Aug.) 1955.
24. De Takats, G.: The Value of Sympathectomy in the Treatment of Buerger's Disease, Surg., Gynec. & Obst. 79:359-367, 1944.
25. Campbell, K. M., Harris, B. M., & Coller, F. A.: A Follow-Up Study of Patients with Thromboangiitis Obliterans (Buerger's Disease), Surgery 26:1003-1013.

All Delinquency Serious

Only in the past 15 years have psychiatrists willingly accepted the problems of delinquents as falling within their ken. Even now, there are psychiatrists who prefer to set such individuals apart, as best dealt with by the law and by detention. The thesis discussed, however, is that not only should psychiatrists try to solve the problem of delinquency but also that physicians in general should view delinquent acts as the behavioral manifestations of disturbed family relationships.

All delinquency should be considered serious, just as all cardiac murmurs are considered serious. Further investigation of each may prove that the total condition is relatively mild or extremely serious. In some instances of delinquency, life itself may be at stake, as it may be in the presence or threat of subacute bacterial endocarditis or potential murder; in other instances, compensation is relatively easily obtained. However, in all cases, it is the specialists who can offer the most accurate prognosis and therapy.—Mary E. Giffin, M. D., in Journal, American Medical Women's Association.

Is Anesthesiology the Practice of Medicine?*

Eldon B. Tucker, M. D.

THE American Medical Association says anesthesiology is the practice of medicine. The office of the Attorney General says it is. Do the physicians of West Virginia believe that the specialty of anesthesiology is the practice of medicine?

Two articles recently have appeared in the West Virginia Medical Journal seeking to justify the present practice of medicine by hospitals in the state of West Virginia, one "The Hospital Medical Director" by M. B. Williams, M. D. (March, 1956), and the other, "The Medical Staff and Hospital Administration" by Walter E. Vest, M. D. (April, 1956).

I refer to the practice of anesthesiology, pathology and radiology.

In an opinion issued June 10, 1955, the Attorney General held that these three specialties were the practice of medicine. I quote from this opinion: "We do not think that an unlicensed person, association or corporation can, under any circumstances, employ a licensed physician to practice medicine in its behalf without violating the law." I quote further: "We do not think that there is any distinction between the practice of medicine by a profit making organization and practice by a nonprofit organization." A final quote from Code 16-5B-1 dealing with regulation and licensing of hospitals: "Nothing in this article shall authorize any person, partnership, association, corporation or any local governmental unit or any division, department, board or agency thereof to engage in any manner in the practice of medicine as defined by law." This opinion definitely stated that institutions such as hospitals organized for profit or nonprofit, or corporations, are not licensed to perform these professional services. The enforcement of this opinion was not ordered at once but it implied that a gradual adherence to this order should be attained, "through sanctions imposed by the Medical Licensing Board or the various medical societies and criminal prosecution of any hospitals involved in such practices constitute adequate tools to deal with the problem."

I speak not for the pathologists nor the radiologists. I speak only as an anesthesiologist who has worked in our two local hospitals in Morgantown for over thirty years. One of these hospitals has never entered into the practice of anesthesiology. The other hospital discontinued this practice when it set up an open staff. There always has been the most cordial relationship between the hospital managements, the medical staffs and the anesthesia department. Our hospitals do not furnish anesthesia equipment or anesthesia supplies except to a very limited extent. In one hospital all anesthesia equipment, anesthetic agents and supplies are furnished by the anesthesia department. In the other hospital some old equipment is being used by our department, but no new anesthesia equipment has been purchased by this hospital since the opening of the present building in 1939. A minimum charge for anesthetic drugs is made when such are furnished by the hospital. I call these facts to your attention to show that an anesthesia service can be conducted independently of the hospital, that satisfactory cooperation can exist between hospital management and the anesthesia department, and that when adequate fees are charged for room, drugs and other services rendered, the hospital is not dependent upon income from the practice of anesthesiology. At the present time our anesthesia staff consists of two full-time physician anesthesiologists and four registered nurse anesthetists. We give a 24-hour anesthesia coverage to both hospitals, including the obstetrical service, and we have averaged over 5000 anesthesias a year for several years. During the past six years we have assisted with over 9000 deliveries with no maternal mortality.

Doctor Vest stated in the second paragraph of his paper, "Probably no one will object to the assumption that the prime objective of the hospital is the welfare of the patient and his restoration to health and usefulness as promptly as possible." In a recent talk with Dr. Hubert T. Marshall, our local United Mine Workers Medical Director, I stated that a well known hospital

The Author

• **Eldon B. Tucker, M. D., Morgantown, W. Va.**

*Presented before the Monongalia County Medical Society at Morgantown, West Virginia, May 1, 1956.

in a nearby city recently had turned over its anesthesia service to a trained anesthesiologist. Doctor Marshall stated that the office of the United Mine Workers Welfare & Retirement Fund was happy to approve this change even though it would increase the Fund's costs. Why is this approved? Because better anesthesia means better service to the patient. Hospital managers should take note of this as well as the above statement by Doctor Vest. Twenty years ago I presented a paper entitled, "The Status of Anesthesia in West Virginia" before the Ohio County Medical Society, at Wheeling, and I recommended professional anesthesia to the Wheeling hospitals. Arguments were presented both against and in favor of my recommendations. Today in Wheeling there would be presented no argument against the services of the anesthesiologist. The only question which might present itself is whether or not the professional anesthesiologist should be employed by the hospital or should practice his profession as an independent practitioner, the same as other members of the medical staff. The medical profession should demand what is best for the patient. The status quo is the easiest path to follow. What hospital staff member is going to demand a better anesthesia staff? He immediately secures the enmity of the other staff members and especially that of the hospital management. He has no choice of anesthetist when the anesthesia staff is employed by the hospital and when a closed staff exists. As a result, the hospital continues to practice anesthesiology and the welfare of the patient is given little consideration. The prime objective of the hospital should be the welfare of the patient, but hospital business is big business and when big business dominates, the welfare of the patient recedes into the twilight zone.

A number of years ago I employed a dentist who had had considerable training in anesthesia. Since dentists are licensed to administer anesthetics for all of those procedures which they are licensed to perform, and since they are licensed to do those procedures which are taught in a modern dental school, and since this practice is recognized as legal in at least three of our surrounding states with whom we have reciprocity, I did not believe it to be a violation of the West Virginia Medical Practice Act. Locally, this partnership had the approval of the medical staffs of both hospitals. We carried liability insurance with the Aetna Casualty Company and I possess a letter from that company stating their willingness to assume this responsibility. I am stating these facts because this situation which I have described is very closely related to that "twilight zone between hospital service and professional service" which is mentioned by Doctor Vest under Economic Stumbling Blocks. The Office of the Attorney General at that time issued an interpretation of the dental practice act relating to the practice of anesthesia and this interpretation excluded anesthesia for any additional procedures except those which a dentist is licensed to perform. The Medical Licensing Board proceeded to enforce this ruling in my case and after a personal appearance before that board in which I presented these facts I was notified that what I had presented was not sufficient to alter the ruling by the Office of the Attorney General. I have gone into this case in detail because it so nearly parallels the recent ruling by the Office of the Attorney General which states that the practice of anesthesiology, pathology and radiology are the practice of medicine. This ruling states that corporations cannot practice medicine and this includes hospitals whether organized as profit or nonprofit institutions. I was required to conform with the ruling concerning the practice of anesthesia by dentists. I conformed to this ruling.

As in my case, has the Medical Licensing Board notified all physicians, anesthesiologists, radiologists and pathologists who are employed by corporations, charitable institutions or noncharitable institutions that they are practicing medicine in violation of a ruling by the Office of the Attorney General? Have these corporations and institutions also been notified that their employment of physicians in the practice of medicine is in conflict with this interpretation of the law? Has any physician or any official of any licensed institution been requested to appear before the Medical Licensing Board and explain how he, or it, the corporation, could justify the continuance of such practice? I present this question because sooner or later it must be answered legally.

I wish to discuss a solution of the anesthesia problem alone. Anesthesiology is undoubtedly the practice of medicine. However, dentistry has a claim dating from its original discovery and early development. The anesthesiologist sees the patient, examines the patient, orders medicine both preoperatively and postoperatively. He makes personal contact with the patient during the operation. He administers fluids, drugs and blood when indicated during the operation, and he conducts a postoperative follow-up of the patient. The pathologist and the radiologist rarely may see a patient, rarely order drugs, and their function largely is a service of interpretation of laboratory, pathology and x-ray findings. However these two specialties are classified as the

practice of medicine. On this account it is bad to lump these three specialties together and make a decision on one, binding on the others. For example, why not add psychiatry and obstetrics to this trio of specialties? If a corporation, private or charitable, were conducting a maternity hospital or mental hospital and employing physicians on a full time salary and the institution collecting the fees for the services rendered, and such a ruling were made by the Office of the Attorney General, enforcement of that ruling would take place over night. Hospitals do not want to comply with this ruling. Too much income is at stake. These three departments to a large extent finance some hospitals, and a smaller number may be dependent for their existence on income from anesthesia alone. Fees in these three departments might be reduced and not necessarily raised if performed on a private fee basis. Excessive fees by an anesthesiologist are just as reprehensible as excessive hospital fees. Adjustments in room rates and other fees could be raised to make up the deficit (In other words, legitimate fees for legitimate service). Low room rate is used for good advertisement, but excessive fees are attached for every other service including the administration of drugs which should be a service performed without extra charge by a general duty nurse. One hundred per cent profit should be considered a reasonable profit for the giving of drugs to a patient. Any additional charge by hospital personnel should be considered excessive.

There are numerous possible solutions to the anesthesia problem.

First, the status quo could be allowed to continue existence. Do not enforce the ruling. There are not enough physician anesthesiologists to take over this practice.

Second, the Medical Practice Act could be amended, making it legal for corporations and hospitals to practice medicine. This would make the practice legal and would make it legal for those in other specialties to sell their services to a corporation for profit. No approval of this method by the surgeons.

Third, the anesthesiologist gradually could take over the practice of anesthesiology. He should be responsible for the securing of his personnel. He should have qualified personnel and some one should be responsible for this personnel. I believe that a hospital is legally responsible for the service rendered by its employees. In the case of a large judgment against an incorporated institution it is doubtful whether the casualty insurance company is liable for judgment against that institution in the face of the present ruling by the office of the Attorney General, if the action was based on criminal grounds only. The anesthesia staff should not be a closed staff any more than the pediatric or surgical staff should be a closed staff. Surgeons and, in some cases, patients should be permitted some say in the selection of those who serve them. In the end, the patient pays the bill. The anesthesiologist should be treated as an equal member of the surgical team. The hospital is not entitled to a cut or percentage of his fee any more than it is to a percentage of the surgeon's fee. Let the patient pay for what he gets but let him pay to the personnel rendering the service.

Each locality has its individual problems. Many of these problems will not be solved while the present contracts exist. As the next generation of anesthesiologists comes on, its members will be asked to take over this service. This new personnel will not take a position pronounced illegal by the Office of the Attorney General. Therefore, those institutions will not be able to do anything but conform to this ruling. Adjustments may be made in some of the present contracts giving the anesthesiologist a more independent status.

The hospital should collect and keep only that part of the fee classified as drugs and supplies, with a minimum fee for the collection of professional charges. The collection of fees should be optional; ownership of equipment should be optional. This would tend to cut down the possibility of exploitation.

Active staff membership with full major privileges should be the only requirement for the anesthesiologist or the group of anesthesiologists taking over this service in any hospital. No contracts should be required, but when the hospital demands a contract between the anesthesiologist and the hospital management, this should be approved by the Medical Licensing Board.

Anesthesiologists who do hospital practice on a private fee basis will always have the backing and support of their local and national societies. The Hospital Advisory Board has instituted a new method of gradually enforcing this opinion. I refer to the licensing of new general hospitals.

A medical anesthesiologist must be on the staff and in charge of the anesthesia department if this ruling is to be observed. In the past an acceptable surgeon has been the stumbling block in getting approval from this body. Now the Hospital Advisory Board is giving considera-

tion to the specialty of anesthesiology and it should be recognized as the practice of medicine. Another boost could be given to good anesthesia if the insurance commissioner would request the eight Blue Cross types of insurance plans, licensed to do business in this state, to follow the opinion of the Attorney General and transfer the anesthesia benefits to the Blue Shield contracts. Changes can be made; they can be made gradually. Service does not need to be disrupted.

Charleston needs more than two full-time anesthesiologists. The time will come when Charleston will have fifteen or twenty full-time anesthesiologists. The time is at hand when no hospital should be approved by the Joint Commission on Accreditation of Hospitals unless anesthesia is conducted under the direction and supervision of a qualified physician anesthesiologist, preferably working as an independent practitioner of anesthesia.

The Placebo

IN THESE DAYS when new drugs are hurtling so rapidly into the armamentarium we must not overlook the effects of emotion on drug action. I do not mean the differences in response to central nervous system-affecting drugs that reflect tempermental differences in patients but rather the actual achievemnts of desired effects from drugs incapable in themselves of producing such effects. This implies giving a drug with the deliberate intention of playing upon the patient's emotions and is a perfectly legitimate therapeutic procedure because physiologic performances are compounded of many simultaneously acting forces, among which are psychic influences.

The astute pharmacologist admits placebos into the armamentarium with which he attempts to serve the practitioner, though he cannot provide a list of such agents since the many intangibles under practical circumstances may justify the transference of any drug into this category. Our remote forefathers had only placebos to dispense, and it is inescapable that the survival of medicine into the scientific era attests their worth.

It is of foremost importance to understand that the placebo is only a means of projecting to the patient that force and healing power which he believes, or at least wants you to have. You "give" him something and in doing so pass some of this "way-to-recover" over to him.

There are still numerous maladies for which there is no scientific or rationally based treatment. Some patients can be told this to their advantage, others cannot; it depends upon the individual's need for emotional support and security.

In the case of a person unable without assistance to endure the knowledge that he is in a condition, perhaps not permanently but at least presently, for which there is no specific alleviation, it would be actually cruel to deny the relief obtainable through faith in you and your drug (placebo) given with assurance.

Another valuable indication for placebo therapy is a case in which protracted diagnostic procedures are necessary in order to arrive at the true nature of the patient's ailment; unless you "do something"; i. e., give him a drug to take, this patient may refuse further cooperation before the decision is reached that could untimately be helpful.

The above are really the only two legitimate indications for placebo therapy, except in double-blind testing of new drugs; but there is actually a third type which is probably at the present time used more often than any other. I am referring here to the rush by the patient to demand, and the practitioner to use, each of the latest drugs as their wonder-working powers are announced. Patients believe in them and you may, too, at the time; or you may give them upon demand with tongue in cheek. This may sometimes turn out to have been placebo therapy, for many of the new drugs simply do not fulfill the early-made claims. But the patient believed in them and so perhaps did you. And you both got results.

Shall we deny to the gods the thanks due for making man the impressionable animal he is? It seems to me that unless the doctor is willing to admit that his role as a dispenser of placebos, whether of drug or other nature, is upon occasion an important part of the doctor-patient relationship, he had better quit dealing with people and go into veterinary medicine.—Harry Beckman, M. D., in Wisconsin Medical Journal.

Undescended Testes

*William B. Kiesewetter, M. D., F. A. C. S.**

The problem of the undescended testicle is surrounded by confusion, clamor and controversy. Any addition to the literature on the subject, therefore, necessarily will represent the author's own viewpoint based on his experience. This discussion is prompted as a result of the author's opportunity to be one of a group that has treated nearly 500 cases of cryptorchidism.

An understanding of the basic problem is dependent upon knowledge of the embryology of the inguinal and scrotal areas. It has been well established by Arey and others that it is the increased warmth of the intraabdominal position which does damage to a testicle which has not descended normally. In the creative process, therefore, the testicles are intended to reside external to the body, where the environmental temperature is that necessary for their growth and development. Normally, their descent takes place in a well ordered series of steps initiated by the descent of the processus vaginalis through the internal and external rings and into the scrotum. Thus, there are formed both an opening wedge to the scrotum and a resting place for the extraperitoneal testicle, which follows down shortly after the processus has opened the scrotum. In normal circumstances, this descent is complete at the time of birth, and the part of the processus vaginalis which remains in the inguinal canal obliterates itself.

Causes and Types of Nondescent

Failure of the testicles to descend in a normal fashion may be due to one of four possible causes. The first and most commonly held view is that during the embryologic process the gubernaculum fails to shorten and that therefore the testicle is not dragged down into the scrotal position. Arguing against this theory is the established fact that the gubernaculum at birth has shortened to only one-fourteenth its length when first noted in the embryo. This relatively slight shortening compared to the over-all body growth could hardly account for the entire process of placing the testicle in the scrotum. Furthermore, it has been shown by a number of histologists that the gubernaculum is not attached to the scrotal skin and that the shortening process could hardly produce enough traction to place the testicle in the scrotum.

A second view is that the testicle may be prevented from descending by its adherence to the peritoneum or other retroperitoneal structures. This explanation would account for the instances of cryptorchidism in which the testicles are still in the abdominal position. A third theory is that some endocrine dysfunction causes failure of descent from the intra-abdominal position. A fourth view, and the one held by the writer to be the most logical, is that during the developmental stage the processus vaginalis fails to descend to the full extent. In this circumstance, the testicle cannot go into the scrotum, which is unopened, and it descends only as far as the furthermost point of descent of the processus, usually in the inguinal canal.

The high percentage of hernia found in association with the condition (97.7 per cent in this series) is explainable on the basis that the processus vaginalis does not obliterate in this position. It is an interesting fact that in many instances the actual failure of descent appears to be due to the mechanical wrapping of the testicle in the hernial sac.

From the foregoing it will be seen that by "undescended" testicle is meant a testicle which has failed to find its normal lodgement in the scrotum and which cannot be brought there by careful physical manipulation and traction. We must carefully distinguish it from the "retracted" testicle in which the descent has been perfectly normal but because of a hyperactive cremasteric reflex the testicle can be drawn up into the inguinal canal and made to simulate a true cryptorchid testicle. In the series observed by the author, the cases fall into five categories: (1) Absence of the testicle, which

*From the Surgical Clinic of the Children's Hospital of Pittsburgh, and the Department of Surgery, University of Pittsburgh School of Medicine.

The Author

• William B. Kiesewetter, M. D., F.A.C.S., Associate Professor of Surgery, University of Pittsburgh School of Medicine, Pittsburgh, Pa.

occurred in 5 per cent. In these instances testicles could not be found by diligent retroperitoneal exploration at the time of surgery. (2) Abdominal testicles, which accounted for 10 per cent. (3) Inguinal undescended testicles. This was the largest group, comprising about 72 per cent of cases. (4) Testicles in the high scrotum, about 10 per cent. (5) The testicle that had descended through the external ring but had found lodgement in an aberrant position such as the perineal or pubic fat areas (3 per cent).

Aspects Governing Advice to Parents

Certain aspects of the problem of cryptorchidism are so important to the child's future that they should be understood by the family. Others at least should influence the physician's advice to the family.

Cryptorchidism reduces fertility. Studies on bilateral cryptorchidism have shown that the fertility rate is, at best, 10 per cent if the condition is untreated or if the testicles are brought down after puberty. This aspect of the problem is of primary importance to the family and will certainly influence one's advice relative to the handling of their child's lesion.

In addition to reproductive impairment there is evidence from histologic studies that the architecture of the cryptorchid testicle undergoes a definite change after five years of age. In other words, histologists feel that up to the age of five, there seems to be little histologic evidence that the cryptorchid testicle is in any way damaged by its position in the warmer environment of the body. However, after that period, this position seems to have a really detrimental effect.

There are psychologic problems caused by an undescended testicle. Not a few boys suffer from a sense of inferiority and are the butts of whispering and snide remarks from their schoolmates. To some children this presents no problem whatever but to the majority of boys its effect is to cause them to withdraw from normal social contact and become seclusive and introverted.

Finally, the question of neoplastic change in an undescended testicle is one to consider but at the same time not to overemphasize in the over-all problem. Figures show that the incidence of carcinomatous change in the undescended testicle is somewhere between 15 and 50 times greater than that in the normally descended one. Nevertheless one has to remember that carcinoma of the testicle is in itself a relatively rare neoplasm, so that despite the relatively greater possibility of its occurrence, it should not be used as a threat to force surgery upon the cryptorchid patient. It is a problem which must be placed in its proper context in one's advice to families.

Controversial Aspects of Cryptorchidism

Workers in the field of testicular surgery are not in complete agreement on some aspects of the problem.

(1) Does spontaneous descent of the testicle ever occur after birth? The author has had difficulty in locating anyone who will personally bear testimony to having seen such a thing occur. It seems fair to state that it is a relatively rare situation and should not be counted upon as being part of a normal course of events. It should not be used as an argument for delaying surgical correction until after puberty.

(2) Is non-descent of testicles linked with the fact that these testicles are imperfect histologically? This question can and will be answered in the course of time, as numerous biopsies are being performed at the time of surgery in many parts of the country.

(3) Do endocrine products have a part in the therapy of cryptorchidism? A course of anterior pituitary-like hormones has been standard advice to families facing the cryptorchid problem. If this fails, then the child is sent to a surgeon for advice. Those who espouse the efficacy of hormones admit that they work by developing the size of the scrotum and the size of the testicle; this combination will cause the testicle to descend. It is difficult to get statistical data from reliable sources as to how often this course of events can be expected. It seems to be the exception rather than the rule. Since there is fear in the minds of some observers as to the detrimental effects of endocrines upon the testicle, it would seem wise to restrain oneself from advising this type of therapy.

(4) Is early orchidopexy uniformly successful and without risk to the testicle? Many surgeons attempting testicular surgery in the pre-school child have had limited experience with the structures of the cord in young infants. The results in such hands have persuaded pediatricians and general practitioners that it is best to wait until the child is of pre-pubertal age before undertaking orchidopexy. Our review of 205 orchidopexies (most of them in patients under the age of four) revealed only three partially atrophic testicles that were not atrophic at the time of the surgical procedure. Careful surgery in the hands of experienced men should make for

results that will not be compromised by the dangers of the surgical procedure itself.

Technique of Operation

The particular technique which has met with the best success in our hands has been the modified Bevan procedure. The hernial sac is freed from the cord structures and the cord structures dissected up retroperitoneally as far as is necessary in order to get adequate length to place the testicle at the lowermost part of the scrotum. On occasion, we have found it necessary to divide the deep epigastric vessels to allow the spermatic cord to drop in a straight line to the scrotum, without going around through the internal ring. Division of these vessels has been used more and more by us, and we feel that our success has increased with utilization of this maneuver. A traction suture is put through the body of the testicle and brought out through a stab wound in the scrotum. This suture is attached to a rubber band that is, in turn, taped to the thigh. It is removed at the end of seven days. We feel that the Torek procedures (sewing the scrotum and testicle to the inner aspect of the thigh) is not a desirable technique, and there is biopsy evidence that such procedure carry with them a much higher percentage of aspermatogenesis after puberty than does the simple rubber band type of traction.

The results of any technique depend upon four conditions: (1) the histology of the testicle at operation, (2) the length of the vascular supply, (3) the length of the vas deferens and (4) the presence of an adequate scrotal cavity. The condition of the testicle is something over which the surgeon has little control but it certainly bears upon the over-all result of his surgery. We have found that the earlier surgery is performed (preschool as opposed to pre-pubertal), the better the condition of the testicle at the time of surgery and after puberty. The principle limiting factor in the placement of testicles in scrota is the length of the vascular supply. Once again the earlier surgery is done, the less frequently does one encounter insufficient vessel length. Very rarely a short vas deferens limits the placement of the testicle in the scrotum. Finally, the scrotal cavity must be well developed at the time of surgery and the testicle itself must be placed next to the skin of the scrotum.

Conclusion

In conclusion, we offer what we consider indications for the surgical correction of an undescended testicle:

1. An associated, symptomatic hernia makes the undescended testicle a surgical problem.

2. Unilateral undescended testicle is a surgical problem since hormones sufficient to bring one testicle down before birth should have been present in sufficient quantity to bring the contralateral testicle down.

3. Bilateral undescended testicles that have been evaluated and treated from an endocrine standpoint without resultant descent should be given the benefit of early surgery because of the lowered fertility without it.

A Quantum Jump for Medicine

It may be unwise to mix the terms of physicists with those of the physician but a "quantum jump" in medical diagnosis is predicted by Willard F. Libby, scientific member of the Atomic Energy Commission. Speaking at the dedication of a "radioisotope farm" at the Medical College of Virginia at Richmond, Mr. Libby cited the medical and biochemical values to be obtained by growing plants and animals in an isotope enriched environment.

Mr. Libby went on to add that practicing physicians will soon be making routine use of drugs and medicinals which have isotopic "tags" to trace their course and utilization by the human body. Great advances in the diagnosis of disease will result thereby, he forecast.

"In the language of the physicist," he added, "the field of medicine is just about ready for a 'quantum jump,' and it is my feeling that this will come about through the increased use of isotopically-labeled drugs."

Digging back into his physics textbooks of a bygone generation, your Editor rediscovered that a quantum jump refers to the energy levels in an atom. In a stable state the electrons of the atom are travelling in their respective orbits. But when the atom absorbs energy it does it by quantum units and the electrons jump to higher energy levels.

If this analogy of Mr. Libby applies, it would mean that diagnostic medicine, now relatively stable, may soon move abruptly upward to a higher state of knowledge and usefulness.—New York Medicine.

Rehabilitation: A New Challenge

F. Ray Power, M. A., and Thomas G. Reed, M. D.

EVERY day many Americans suffer severe employment handicaps through disease or accident. The number for our country as a whole amounts to millions annually. Frequently we have friends, neighbors and acquaintances who suffer such misfortunes, and sometimes a member of our family is stricken, or it may be one of us. The closer it strikes, the better we understand the problems of disability and rehabilitation. Disablement always is a serious matter when it affects the power to earn a living. Many of the illnesses and accidents which resulted in death a generation ago now result in a permanent major disability, but the patient lives, thanks to the rapid advance in medical science and treatment.

Rehabilitation is a service provided to restore the physically or mentally disabled person to his greatest possible physical, mental, social and economic efficiency. This is done through the provision of direct services to the disabled individual.

These services include medical, surgical, and psychiatric diagnosis and treatment, vocational guidance and counseling, vocational training, social adjustment and selective employment, and they are much more effective and less time-consuming if provided to the disabled person concurrently by a trained team. In the case of the severely disabled, rehabilitation centers usually are needed. The need for such personnel and facilities is urgent.

The doctor who works with the rehabilitation counselor has a vital part in placing many disabled persons in gainful employment who otherwise would become public welfare and institutional cases, or dependent upon their families.

Concerning this role, Howard A. Rusk, M. D., states: "The practice of rehabilitation by the general practitioner or by any doctor begins with the belief in the basic philosophy that the doctor's responsibility does not end when the acute illness is ended or surgery completed; it ends only when the individual is retrained to live and to work with what is left. This basic concept of the doctor's responsibility can be achieved only if rehabilitation is considered an integral part of medical service. Any program of rehabilitation is only as sound as the basic medical service of which it is a part. The diagnosis and prognosis must be accurate, for it is upon them that the feasibility of retraining is determined."

The Authors

- **F. Ray Power, M. A., Director, West Virginia Division of Vocational Rehabilitation, Charleston, W. Va.**
- **Thomas G. Reed, M. D., Charleston, W. Va., Chairman, State Advisory Committee on Rehabilitation Physical Restoration Standards.**

This cooperative approach by the doctor and the rehabilitation counselor is the foundation on which a successful rehabilitation program is based.

To be eligible for vocational rehabilitation the applicant must be of employable age and have a static or slowly progressive disability which results in a substantial employment handicap. There also must be a favorable prognosis for rehabilitating him into a job within a reasonable length of time. Physical restoration, maintenance while receiving rehabilitation, and transportation and job placement equipment are provided at public expense only to the extent that the client is unable to pay for these services.

The West Virginia Program

West Virginia has an active and effective rehabilitation program, but it has a long way to go before its people can consider that they are keeping up with their disability problem.

If national averages hold true, there are at least 25,000 disabled men and women in the state who must have the services of vocational rehabilitation in order to perform self-supporting work and live reasonably normal lives.

And again if national averages hold true, something like 3,000 West Virginians each year reach the point of disability at which they must receive rehabilitation help in order to regain their economic and social self-sufficiency.

Last year we successfully rehabilitated 1,607 disabled persons. It is evident that we are now taking care of only a little over half of the load

that develops each year and doing nothing to cut into the backlog of 25,000.

Congress, by unanimous vote in 1954, enacted federal legislation which provides for a nationwide five-year plan for the expansion of vocational rehabilitation designed to increase the program by 300 per cent. West Virginia's quota of rehabilitations this year, under the plan, is 2,100 and next year 2,800. To earn the more than $1,000,000 of federal funds available to West Virginia for rehabilitation next year will require state funds totaling $542,000, which is a $112,000 increase over the amount the Board of Pubic Works approved and the legislature appropriated for next fiscal year. Federal funds are available only in proportion to state matching funds as provided.

With a substantial increase in state and federal rehabilitation funds this year, West Virginia has embarked upon a greatly expanded rehabilitation program which has resulted in a one-third increase in staff, the establishment of three additional field offices, the conversion of two local field offices into district offices, the establishment of a state rehabilitation center, and the provision of a disability determination section to establish freeze benefits for disabled citizens under social security. This expansion also includes a definite increase in rehabilitation services to the mentally handicapped at our state mental hospitals.

Effective but limited rehabilitation services now are being provided the mentally handicapped in the state mental hospitals. It has been demonstrated that this program can be expanded many times with great profit. It costs approximately $700 annually, per capita, to care for a patient in a state mental hospital. The average cost per rehabilitation is $650. When a patient is rehabilitated, the annual cost of hospital care is saved. At the same time the person earns, supports himself and family, and pays taxes. The rehabilitation of the mentally handicapped is a field in which the surface barely has been scratched. The lag in rehabilitation of persons in this group is almost as serious as the lag in constructive treatment. The situation in both instances is little less than tragic.

Along with the state expansion of rehabilitation services there are hopeful signs of expansion of rehabilitation services and facilities by other groups. Morris Memorial Hospital now is using part of its facilities as a rehabilitation center which will be of great service in rehabilitating the severely disabled in West Virginia and in the tri-state area. Also, a number of cities are developing local rehabilitation facilities.

West Virginia University is making a material contribution by training rehabilitation counselors under a grant from the Federal Office of Rehabilitation. A shortage of skilled rehabilitation workers has been one of several bottlenecks that has hampered progress. The University also held a short training course in July of this year to increase the efficiency of rehabilitation counselors who have been recently added to the staffs of West Virginia and adjoining states.

Our state always has been very short on special rehabilitation facilities and services. In the past we have had no special clinics, no centers, and no workshops which could be used in the rehabilitation of the disabled. The developments mentioned above hold promise for the future. Their contribution will depend largely on the future support of rehabilitation. If the Board of Public Works and the Legislature provide the additional funds to go forward with the expansion and improvement of the program in accordance with the national plan, rehabilitation can be extended to a greater number of eligible disabled persons. This is good business for West Virginia since more than two-thirds of the cost will be paid from federal funds.

Physical Restoration — A Major Service

During the past fiscal year physical restoration services were provided for 1,064 medically indigent clients for whom there was a good prognosis for resultant employability. In each case the disability was determined by the physician to be static or slowly progressive, and remediable within a reasonable length of time.

Services were provided only when it had been determined that employability could reasonably be expected as the end result. Eligibility and feasibility were determined by a study of the economic status, social background and employment history, and of the pathologic and functional diagnosis provided by the physicians.

In order to insure appropriate medical treatment the Division secures on a part time basis, the consultative services of six physicians, one of whom is a psychiatrist. The Division also secures medical advice from the State Professional Advisory Committee on Physical Restoration Standards. This committee has one or more physicians representing the various medical specialties and general practice. In addition, several of the advisory committees in the local communities have one or more physicians as members. This outstanding cooperation on the part of the physicians of West Virginia makes possible the provision of appropriate medical services for its medically indigent residents.

The Community and Rehabilitation

An expanded and improved state program of rehabilitation alone cannot solve the problem of restoring the disabled to useful and productive lives. Disability and dependency primarily are community problems and can be solved best by community effort and cooperation. Throughout the state communities are developing local rehabilitation facilities which work in close cooperation with the state rehabilitation agency. Charleston has established a Goodwill Industry, Clarksburg has a local rehabilitation center, and Wheeling maintains a workshop for the blind, all as aids to the rehabilitation of the disabled. Other communities would surely profit through the establishment of community rehabilitation centers.

A community rehabilitation center brings to the aid of our disabled citizens, as a team, representatives of the various disciplines which provide services needed in rehabilitation. Medical, psychological, social and vocational services can be brought together in such a facility and utilized to rehabilitate our disabled citizens. In addition to the provision of more effective services to the handicapped, such a facility will encourage the physicians of a community to follow their patients beyond the pathological processes to a successful return to suitable employment. It will encourage hospitals to add rehabilitation services and facilities. It will promote improved social services to help the disabled surmount the problems of home and family in an effort to make a comeback. It will improve vocational training for the disabled in our schools. Finally, it will help solve the problem of employment of the disabled through a better understanding by employers, of their capacities and skills.

The number of disabled persons is rapidly growing in each community. The advances of medical science and medical techniques, which do so much to preserve and prolong life, actually are responsible for the constant increase in the number of handicapped persons. It has been computed that chronic disability doubles about every twenty years. We have increased the life span of our citizens but we have not solved the problems of disability thereby created.

At an earlier time, most jobs required sheer brute force and a crippled person could not possibly have performed them. Today, however, technologic progress has made intelligence the prime factor in work performance. This has led to a functional rather than a purely physical concept of labor, resulting in the provision of many jobs for disabled persons. There are suitable jobs in each community for its disabled citizens if they are prepared for those jobs.

The problem of promoting, interpreting and gaining support for rehabilitation is an extremely difficult one. Down through the ages the disabled have been discriminated against, neglected, and treated cruelly. Notable examples in our state are the poor care of severely disabled coal miners prior to 1948 and the continued failure to provide a minimal program of treatment and rehabilitation for our mentally handicapped.

You Can Promote Rehabilitation

We have given you some facts about the rehabilitation of the disabled and have told you of some encouraging developments. It is expected that progress will be slow in the future, as it has been in the past, and that for many years to come we will fall short of meeting rehabilitation needs. The doctor can help. He can refer eligible disabled persons to his local rehabilitation counselor and see that they receive appropriate services. In most instances the doctor is the first to know that a disabled person is in need of rehabilitation services in order to regain a suitable job. He can promote the establishment of special rehabilitation services and facilities in his community. He can become an active advocate of the provision of appropriate rehabilitation services for all mentally and physically disabled persons, and he can urge the Board of Public Works and the legislature to provide the funds needed to establish and maintain such services.

Doctors who are convinced of the merit of rehabilitating the disabled into jobs can explain the service to fellow physicians. Each doctor is in a position to do the cause a great deal of good through the referral of cases for rehabilitation services. More than that, he has here a most unusual opportunity to actively participate in a program which will substantially extend and enlarge the benefits of medical treatment by making available other services that will insure the return of the disabled person to suitable employment. Such a service not only helps the disabled person, but contributes to the general welfare and that of the community.

Picturesque Alabama Row, a group of cottages built early in the nineteenth century, houses the Greenbrier's Creative Arts Colony where an artist, weaver, woodcarver, ceramist and naturalist lecture and give lessons in the creative arts.

The President's Page

The 1956 Convention

You will find in this Convention Number of the *Journal* an outline of the program for the general sessions, together with a schedule of meetings of sections and affiliated societies and associations. I am sure that you will join with me in extending congratulations to the committee for arranging such an excellent, well-balanced program for the annual three-day meeting, August 23-25.

A medical meeting is not complete without a display of scientific and technical exhibits. This important feature has not been overlooked, and I am happy to report that the large exposition hall will be completely filled with interesting exhibits. The new convention unit at the Greenbrier is really the last word in comfort, and I have no hesitancy in saying that it is the most beautiful and well-equipped building ever provided by a hotel in America for convention purposes.

Dr. Dwight H. Murray, president of the American Medical Association, will pay his official visit to West Virginia during the Convention. I hope that every general practitioner in the state will make an effort to be present and meet the general practitioner who occupies the highest medical office in the nation. Doctor Murray has said that he is just as proud of being a GP as he is of holding the office of president of the AMA. He is truly a man whom we can all proudly acclaim as our president.

The activities of the Auxiliary at the convention have been broadened to include the sponsorship of events of interest to physicians as well as its own members. It is my sincere hope that this very fine organization will have present at the Greenbrier this year the largest number of members ever to attend an annual meeting.

I am looking forward with the greatest of pleasure to meeting and sharing the many facilities of the Greenbrier with all the members of the Association, the Auxiliary, their families and guests.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

IT'S CONVENTION TIME AGAIN

It's Convention Time at the Greenbrier! Once again it's just about time for physicians, their wives and guests to gather at this nationally famous resort hotel for the 89th annual meeting of the West Virginia State Medical Association, August 23-25.

Every physician owes it to himself to take a few days off from his practice for a period of postgraduate education, intermingled with an equal amount of plain old fashioned relaxing at this world famous resort. Most of us here in the state are fortunate to have the Greenbrier almost in our own backyards. Many people travel thousands of miles to have the pleasure of visiting this beautiful spa.

The scientific program that is outlined in detail elsewhere in this issue of the *Journal* includes the names of some of the leading medical authorities in the country. Dr. Richard W. Corbitt of Parkersburg, and the other members of the committee, Drs. George F. Evans of Clarksburg and Carl B. Hall of Charleston, have developed a program that will be of interest to every general practitioner and specialist in attendance at the meeting.

All of the general sessions and meetings of sections and affiliated societies and associations will be held in various parts of the new air-conditioned unit, where facilities second to none in the country are provided.

More than 60 scientific and technical exhibits will be housed in the beautiful and spacious auditorium or exposition hall. We know that the members of the Association and Auxiliary will personally extend a warm welcome to the representatives in charge of the exhibits.

Athey R. Lutz, M. D.

Many problems of interest and importance to members of the State Medical Association will be brought before the Council and the House of Delegates for action at this meeting. One of the most important items is the proposed change in the Constitution. The delegates will vote on two amendments offered at the annual meeting in 1955. One would create the office of president elect and provide for the election of one vice president instead of two. The other amendment would change the term of all elective officers from the calendar year to the year next succeeding their election, beginning the day following the last day of an annual meeting.

Leading the list of visiting dignitaries will be Dr. Dwight H. Murray of Napa, California, who was installed as president of the American Medical Association at the annual meeting in Chicago in June. He will address the closing session of the House of Delegates on Saturday afternoon, August 25.

Our own president, Dr. Athey R. Lutz of Parkersburg, will deliver his presidential address at the opening session of the House on Thursday evening, August 23. Both of these meetings will be open to persons attending the convention.

In addition to its own regular sessions, the Auxiliary has arranged a program of entertainment that will provide many hours of pleasure for both groups. Entertainment features are also being arranged for the children who accompany their parents to the meeting.

There is every indication that the annual meeting this year will compare favorably with, or even surpass in interest meetings held at White Sulphur Springs in previous years.

We'll be seeing you at the Greenbrier.

PROGRESS REPORT . . . 50 YEARS LATER

The West Virginia Medical Journal, with its very best bow, steps modestly into the charmed circle of State Medical Journalism, and hopes for a warm welcome. Receive us with a cheerful smile, encourage with a word of commendation when deserved, stimulate by kind suggestion and criticism when needed, help by contributions from your observations and experience, and we will remain with you. Unkind complaint does no good and is discouraging to honest effort. Let every one give his aid and the best re ults will follow, and The Journal will live and grow and do good.

Dr. S. L. Jepson was the author of these words of wisdom and imagination which appeared in the first issue of the West Virginia Medical Journal, published in August, 1906—fifty years ago this month. He and his two associates on the Committee on Publication, Drs. L. D. Wilson and J. L. Dickey, prepared the first issue which was published in Wheeling.

We believe the most significant part of Doctor Jepson's initial editorial entitled "Here We Are" was the last sentence: "Let every one give his aid and the best results will follow, and the *Journal* will live and grow and do good."

There have been many members of the medical profession who have contributed countless hours of hard work developing and maintaining a successful medical journal through the years. Without the help of all of these members of the profession, the *Journal* would have folded up long ago. The Publication Committee realizes it must continue to receive this valuable assistance if it is to maintain the high standards set when the *Journal* was born 50 years ago.

That it has continued to "live and grow and do good" is best illustrated by reference to the current issue. In 1906, the *Journal* was published bi-monthly as the official organ for the 463 members of the State Medical Association. Today, approximately 1500 physicians in this state and several hundred physicians and state and national medical associations throughout the world receive a modern and expertly printed journal each month.

The Publication Committee sincerely hopes that the *Journal* will continue to maintain its lofty position among similar medical publications; that it will grow as the State Medical Association grows; and, that it will continue to "do good" for the members of the medical profession in this state as it has done since Doctor Jepson's first issue came off the press in 1906.

* * * *

On the opposite page is a reproduction of the first page of reading matter in Volume 1, Number 1 of the West Virginia Medical Journal. Under the title "Original Articles" is the presidential address presented by Dr. Spencer S. Wade of Morgantown at the 39th annual meeting of the State Medical Association held at Webster Springs in June, 1906.

Included in the 58-page *Journal* was a scientific article by Dr. C. A. Wingerter of Wheeling on the subject of "Massage in Some Surgical Affections." Two other scientific articles were used, both reprinted from other medical journals.

Dr. L. D. Wilson, one of the members of the publication committee, reported at some length

"Let every one give his aid and the best results will follow, and the Journal will grow and be good."—S. L. Jepson, M. D., 1906

The West Virginia Medical Journal

Published Bi-monthly by The State Medical Association.

Under the Direction of the Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Ch'n, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.

VOL. I.—NO. I. WHEELING, W. VA., AUGUST, 1906. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

PRESIDENT'S ADDRESS.

S. S. Wade, M.D., Morgantown.

Delivered at Webster Springs, June 20, 1906.

Members of the West Virginia State Medical Association:

It becomes me to express to you my sincerest thanks for your kindness in electing me to the office of President of our body. Of course I consider this a great honor, and am very sorry not to have been able to accomplish more during the past year, but my intentions were good, my efforts were my best, so I plead not responsible for my failures, which were many.

And now, members of the Association, ladies and gentlemen, I wish to speak to you for a few moments this evening on "The Standard of Medical Education as Advanced by Organization." The question of higher education as a requirement for the practice of medicine has always been of great interest to the profession and of great importance to the laity. For ages past the Christian physician has been looked upon as possessed of superior intelligence, and has been given positions of honor and trust in his community and has proven himself worthy of it all.

Very early in the history of our profession we find efforts to lay down a systematic course on which the physician was supposed to prepare himself. The ideal education of those early days was necessarily very elementary as we now see it. But each generation has advanced that ideal somewhat so as to keep it still unreached, and at the same time not unreachable, for in any avocation that class of men which has already attained to its ideal has outlived its usefulness, because with nothing more to go forward to, they must go backward. And on the other hand, that class of men which has a very distant ideal is likely to become impracticable because of the hopelessness of ever attaining to anything near their ideal. But every age has its representatives of both of these classes and hence, we find these two extremes promulgated even to this day. The one by our wealthy members, with everything in the way of money at their disposal, and therefore the need of finishing a course and getting into active and immediately remunerative work is with them a secondary consideration. The other by our members, vastly in the majority, who are less favored in point of wealth, and with whom the time element is the main consideration. Such were the prevailing conditions sixty years ago when the American Medical Association came into existence with a membership of less than five hundred representing twenty-one States, it set about at one of its first meetings with one of its ablest committees to advance the educational requirements for the practice of medicine. But with a number of our States outside of the Association, and with no restrictions as to practice on their statutes, the recommendations of the Association Committees were scarcely felt beyond the borders of a few of the eastern States. It is true that there were medical colleges of high grade requirements ready to adopt such recommendations, but there were, also, medical colleges of easier requirements bid-

on the annual meeting of the AMA which was held in Boston that year. Concluding his article on the convention, Doctor Wilson said:

"There is much more that might be said about Boston and her great meeting, but I must put a limit to this communication or the editor will chop my head off. To historic Boston, philanthropic Boston; civic Boston; educational Boston; artistic, commercial, social, literary and religious Boston, a separate communication might be well devoted. But the sum of all our impressions gathered there during these delightful days (of course, it rained some) irresistibly crystallize into the phrase, Honest Boston."

NEW LOOK FOR THE JOURNAL

During the past few months, the editorial staff has made many revisions in the format of the West Virginia Medical Journal. Almost every section has been revamped to a marked degree.

Each change in the type styles, headlines and make-up has been instituted to enable the *Journal* to keep abreast of the many new publishing innovations in the field of medical and scientific journalism. In this day and age there is little reason, if any, for a publication to postpone the modernization necessary to provide its readers with a journal that is both attractive in appearance and easy to read.

Appropriately enough, the cover of this Golden Anniversary issue is new. We hope that the design, which is quite a change from that used for several years, will be accepted and approved by all of our members. We are deeply indebted to artists attached to the staff of Eli Lilly and Company for their help in designing the cover.

It will be noted that the table of contents has been deleted from the cover. With the insertion on page *IV* of a complete page devoted to contents, it is felt that there no longer is need for the double listing. The table of contents will appear on this same page in each issue of the *Journal*.

WHITHER THE INTERNSHIP?

We recently went over the internship appointments of a prominent and representative southern medical school as they were announced at the graduation exercises in June of this year. Out of a total of 71 graduates, 26, or approximately 37 per cent, took a rotating service. Three selected general practice internships, which approximate closely a rotating service.

If these are combined, it shows only 41 per cent of graduates selecting the internship generally believed by the practicing profession to furnish the best basic internship training for any phase of the practice of medicine. A total of 23, or 38 per cent, selected medicine, and 18, or 25 per cent, chose surgery. The remaining one selected straight pediatrics.

The question of straight internships is now being subjected to much question by medical educators. It came up for discussion in the House of Delegates at Chicago and while the majority opinion seemed to favor a rotating service, the status quo was maintained pending further study of the problem.

It seems to us that a definite policy should be established promptly by the AMA upon mandate of the House of Delegates. The request of the Section on Obstetrics and Gynecology for straight internships was not granted, but, to our mind, if we are to have splinter internships, all splinters should be given equal recognition.

SCHOOL HEALTH CONFERENCE

Why Working Conferences on School Health? A simple categorical answer would be that conferences are machinery for bringing people with a common concern together; to share thinking and bring about functional planning. At least, such an answer is descriptive of the Eighth Annual Working Conference on School Health at Jackson's Mill, Aug. 20-22, 1956, which will be sponsored by the State Health Department, the State Department of Education and the University, with the West Virginia State Medical Association sharing in the planning.

A second question is "Who are the people with a common concern in school health?" The literature and experience in school health suggests parents, physicians, dentists, nurses, heath officers, medical, dental and nursing societies, health departments, and voluntary and official social agencies. Especially:

Parents, because they have the primary responsibility for the health of their children;

Educators (superintendents, principals and teachers), because health adjustment has been an accepted purpose of education for at least 38 years and has resulted in required medical examinations, health histories, required inoculations and vaccinations, medical excuses, teacher observation and screening, and emergency care in cases of sudden illness and accidents;

Public Health Workers (health officers, nurses, and sanitarians), because local health departments

have certain legal responsibilities for the health of the community, and schools are part of our communities;

Physicians, because there is general agreement in the literature that parents have the primary responsibility for the health of their children and whatever the school health program requires should be provided by the family physician. Also, because the American Medical Association has set the pattern in the National Conferences on Physicians and Schools and suggests state conferences in the same pattern. The working conferences on School Health have followed the pattern of the National Conferences on Physicians and Schools; and, finally;

Medical Societies, because there is agreement that the physician in private practice is the key person in implementing and facilitating school health programs and needs to share in functional planning for them. Actually, the school health program is a cooperative undertaking, and cooperation suggests that all those involved have a part in the planning.

Discovering the Truth Through Impartial Medical Evidence

How can the law best obtain expert medical evidence? The normal method both in this country and the United States is for the opposing parties in a dispute to call their own medical witnesses: these witnesses are then cross-examined and, if they disagree, it is for the judge or jury to decide what evidence to accept.

There are some exceptions: occasionally in this country the parties may put in an agreed medical report; in nullity cases the court may ask (though it does not compel) either party to submit to medical examination by an impartial doctor; and in cases under the National Insurance Acts, the claimant may also be required to undergo impartial medical examination. All these, however, may be regarded as the exceptions which prove the rule.

Many people feel that the usual methods of giving medical evidence could be improved; and those who seek reform will welcome a report by a special committee of the New York Bar Association on a proposal to use impartial medical testimony in cases of personal injury. As some 80 per cent of the cases in the United States trial courts are concerned with injury and involve medical evidence there seem to be good grounds for the claim that "the project is directed at the very core of court operations."

The idea was conceived by the judges of the Supreme Court of New York and was put to the test experimentally, first in New York County and later in Bronx County as well, with the cooperation of the local bar associations and medical societies. The results were so satisfactory that impartial medical testimony is now a regular part of the operations of the Supreme Court of New York State.

Under the new arrangement, the judge may, before the trial, order the examination of an injured person by an impartial medical expert. Before doing so, he consults counsel for the two sides; but their consent is not necessary. In fact, during the two years covered by the report, no lawyer registered any sharp objection; indeed, in some cases, the lawyers themselves asked for an impartial expert. This step is facilitated and even encouraged by a feature of the American legal system which does not exist in Britain—namely, the pre-trial conference.

This conference enables the judge and the lawyers for both sides to explore the issues in the case and the possibilities of a settlement, the discussions being held in an informal atmosphere, usually some months before trial. If the judge orders an examination by an impartial expert, the pre-trial conference is adjourned.

In making his order, the judge indicates the nature of the medical dispute and the type of specialist who should carry out the examination; occasionally, of course, more than one specialist is needed. The actual selection of medical experts is made by a specially constituted "medical record office" from panels drawn up by the local medical societies. In due course, the pre-trial conference is resumed when the case will again be discussed in the light of the expert findings.

From the incomplete statistics available it seems that well over a quarter of the cases referred in this way to impartial experts were settled at or before the resumed pre-trial conference; of the remainder, a substantial number were settled after the resumed conference but before trial. In all, over half the cases seem to have been settled before trial. . . .

Some other results of the New York project are worth noting. Often plaintiffs have been persuaded to abandon inflated claims for damages; but in other cases the independent medical report has convinced the defendant that the plaintiff's case was well founded. Occasionally, examination by a specialist of high standing has strengthened the plaintiff's case by drawing attention to points overlooked by his own doctor.

The new method of taking evidence once again demonstrated that many doctors were slow to use radiological and other diagnostic techniques; and the New York Bar Association thinks that the result may be an improvement in the diagnosis of injuries: ". . . it is likely that the project will not only help in informing judges and juries of what doctors know (thus improving the process of legal fact-finding), but will go one step further and help the doctors themselves in discovering the truth (thus improving the basic process of medical fact-finding)."—The Lancet.

Marathon!

They don't spend all their time at the chart desk, Doctor; a Meadville, Pennsylvania, student nurse, Margaret O'Laughlin, walked a measured 4,690¼ miles during her three year period of training.—Wm. B. McCunniff, M. D., in Missouri Medicine.

GENERAL NEWS

Distinguished Guests to Attend Convention, Aug. 23-25

Dr. Dwight H. Murray of Napa, California, nationally known general practitioner who was elevated to the presidency of the American Medical Association at the annual meeting in Chicago in June, will pay his official visit to the West Virginia State Medical Association during the annual meeting at White Sulphur Springs in August.

Doctor Murray is widely known among West Virginia physicians who have attended annual AMA meetings during the past several years. He has attended several medical meetings at the Greenbrier, and will be at home when he returns to that famous resort hotel late in August.

He will be the guest speaker before the second session of the House of Delegates on Saturday afternoon, August 25. His subject will be "Federal Legislation and How It Affects the Medical Profession." His address is scheduled for 3:30 o'clock.

As usual, all morning, afternoon and evening meetings in connection with the convention will be held in the air-conditioned convention unit of the Greenbrier.

Dwight H. Murray, M. D.

Pre-Convention Meetings

Meetings of several committees have been called for Wednesday afternoon, August 22, the day immediately preceding the opening of the convention. The pre-convention meeting of the Council will be held that afternoon at four o'clock.

Open Medico-Legal Meeting

The climax of the meetings on Wednesday will be an open Medico-Legal meeting in the Fillmore and Van Buren Rooms at nine o'clock. Short addresses will be delivered by former Governor Homer A. Holt of Charleston, and Dr. Walter E. Vest of Huntington, on the subjects of interest to members of the medical and legal professions, including malpractice and testimony in court. Dr. William L. Cooke of Charleston, chairman of the Public Relations Committee, will be the moderator, and a panel discussion will follow the speaking program.

The panel will probably be composed of members of the joint committee on Medico-Legal Relations, which has been making a study of an Interprofessional Code. Besides Governor Holt, the legal representatives on the committee are Messrs. Amos A. Bolen, Huntington, James M. Guiher, Clarksburg, R. Glenn Lilly, Charleston, and Charles A. Tutwiler, Welch.

In addition to Doctor Vest, the medical profession will be represented by Drs. Frank J. Holroyd, Princeton, James S. Klumpp, Huntington, Russel Kessel, Charleston, and Sobisca S. Hall, Clarksburg.

There will be full audience participation during the question and answer period.

General Sessions in Theatre

All general sessions will be held in the theatre on the registration floor level, directly under the auditorium, where the scientific and technical exhibits will be set up.

Motion Pictures

Sound motion pictures on appropriate scientific subjects will be shown each morning under the direction of Dr. D. E. Greeneltch of Wheeling.

Symposium on Rehabilitation

The convention will be called to order by Dr. Richard W. Corbitt of Parkersburg, chairman of the Program Committee, on Thursday morning, August 23 at 9:15 o'clock. Dr. Athey R. Lutz, the president, will deliver the address of welcome.

The meeting will be in the nature of a Symposium on Rehabilitation, and the following program will be presented:

"Hope in Rehabilitation."—Donald A. Covalt, M. D., Associate Director, New York University-Bellevue Medical Center, New York City; "Rehabilitation of the Cardiac Patient."—Bernard J. Walsh, M. D., Professor of Clinical Medicine, Georgetown University School of Medicine, Washington, D. C.; and "Rehabilitation of the Mental Patient."—O. Spurgeon English, M. D., Professor of Psychiatry, Temple University School of Medicine, Philadelphia, Pa.

Dr. Carl B. Hall of Charleston will serve as moderator at the general session on Thursday, and there will be a panel discussion, including a question and answer period, following the presentation of the third paper.

Symposium on Obstetrics and Gynecology

The following scientific program, which will be in the nature of a symposium on obstetrics and gynecology, will be presented at the second general session on Friday morning, August 24:

"Surgical Problems of the Female Pelvis."—Virgil S. Counseller, M. D., Head, Section on General and Gynecological Surgery, Mayo Clinic, and Professor of Surgery, Mayo Foundation, Rochester, Minn.; "Common Complications of Obstetrics."—F. Bayard Carter, M. D., Head, Department of Obstetrics and Gynecology, Duke Hospital, and Professor of Obstetrics and Gynecology, Duke University School of Medicine, Durham, N. C.; and "Endocrine Problems of the Adult Female." —Robert B. Greenblatt, M. D., Professor of Endocrinology, Medical College of Georgia, Augusta, Georgia.

Dr. Richard W. Corbitt of Parkersburg will serve as moderator at the general session on Friday morning. Following the presentation of the third paper on the program there will be a panel discussion, including a question and answer period.

Final General Session on Saturday

The third and final general session is scheduled for Saturday morning, August 25, with Dr. George F. Evans of Clarksburg, as moderator. The following program will be presented:

"Commonly Missed Diagnoses in Skin Diseases."—Clarence S. Livingood, M. D., Physician-in-Charge, Division of Dermatology, Henry Ford Hospital, Detroit, Michigan; "Factors Influencing the Spread of Cancer." —George Crile, Jr., M. D., Member of Staff, Department of Surgery, Cleveland Clinic, Cleveland, Ohio; and "Recent Advances in the Therapy of Diseases of the Chest."—Sol Katz, M. D., Chief, Division of Pulmonary Diseases, District of Columbia General Hospital, Washington, D. C.

There will be a question and answer period following the presentation of the third paper.

Symposium on Exceptional Children

An interesting Symposium on Exceptional Children has been arranged for Thursday afternoon. Dr. Hiram W. Davis of Huntington, will be the moderator, and short addresses will be delivered by Dr. Sarah L. C. Stevens, Huntington, Miss Frances A. Scott, Charleston, Dr. Donald A. Covalt, New York City, Dr. Bernard J. Walsh, Washington, D. C., Dr. O. Spurgeon English, Philadelphia, and Dr. Paul Gyorgy, Philadelphia.

The meeting will close with a panel discussion and question and answer period. There will be a short business meeting of the Section on Neurology, Neurosurgery and Psychiatry following the scientific program.

Meetings on Friday Afternoon

Several meetings of sections and affiliated societies and associations have been scheduled for Friday afternoon.

The West Virginia Society of Anesthesiologists will have as its guest speaker Mr. William R. Huff, executive secretary of the West Virginia Hospital Association. His subject will be "The Hospital Administrator." Dr. Newman H. Newhouse of Charleston, president of the Society, will preside.

The West Virginia Obstetrical and Gynecological Society has also scheduled a meeting for two o'clock, with the president, Dr. George T. Evans of Fairmont, presiding. Dr. F. Bayard Carter of Durham, North Carolina will be the guest speaker. A business meeting will follow the scientific program.

An open meeting sponsored by the Section on Internal Medicine, the West Virginia Diabetes Association, and the West Virginia Heart Association is also scheduled for two o'clock Friday afternoon. The meeting will be in charge of Dr. Clark K. Sleeth and Dr. J. J. Lawless, both of Morgantown, president and secretary, respectively, of the Section on Internal Medicine. The following program will be presented:

"The Office Treatment of the Anxiety States."—O. Spurgeon English, M. D.; "Some Errors in the Diagnosis of Heart and Vascular Disease."—Bernard J. Walsh, M. D.; and "Lupus Erythematosus."—Clarence S. Livingood, M. D.

There will also be a panel discussion and a question and answer period. A short business session will be held by the Section on Internal Medicine and the West Virginia Diabetes Association following the scientific program.

A meeting of Catholic physicians practicing in West Virginia is scheduled for 3:30 o'clock, with Dr. George F. Fordham presiding.

The annual meeting of the Alumni Association of WVU School of Medicine will be held at four o'clock on Friday afternoon. Dr. George T. Evans, the president, will be in charge.

There will be two other meetings earlier in the afternoon. The business meeting of the Section on Orthopedic Surgery is scheduled for one-thirty o'clock, with the chairman, Dr. Howard G. Weiler, in charge, and the Section on Urology is sponsoring a Urological X-Ray Conference at the same time. Dr. Charles A. Hoffman, president of the section, will be in charge.

Heavy Schedule for Saturday Afternoon

On Saturday afternoon, Mr. Henry N. Doyle of the USPHS, Washington, D. C., will be the guest speaker before the Section on Industrial Medicine and Public Health. His subject will be, "Emerging Industrial problems." Dr. Edward V. Henson will preside.

An EENT Symposium, sponsored by the West Virginia Academy of Ophthalmology and Otolaryngology,

will be held at the same hour with Dr. W. K. Marple and Dr. Henry C. Hays in charge.

Dr. Edwin M. Shepherd will be the moderator of the first part of the program which will consider "The Management of Cataracts in Aged Patients." Short addresses will be delivered by Drs. J. C. Huffman, Charles M. Polan and Alfred J. Magee.

Dr. N. K. Joseph will be the moderator for the second part of the program which will be devoted to a discussion of the topic, "Indications for Tracheotomy." The speakers will be Drs. William C. Morgan, Jr., and Lyle J. McGinnis.

A joint meeting of the Section on Radiology, the West Virginia Society of Anesthesiologists and the West Virginia Association of Pathologists is scheduled for two o'clock with Dr. J. Dennis Kugel presiding. The recent opinion of the Attorney General on the subject of the corporate practice of medicine in West Virginia will be discussed by Mr. W. Obed Poling, Dr. Thomas G. Reed and Dr. Frank J. Holroyd.

Dr. Paul Gyorgy of Philadelphia will be the guest speaker before a meeting of the West Virginia Pediatric Society, also scheduled for two o'clock. His subject will be "Trends and Advances in Infant Nutrition." Dr. Thomas G. Potterfield will preside.

The Section on Surgery will have Dr. George Crile, Jr., of Cleveland, as its speaker on Saturday afternoon. His subject will be "That Controversial Thyroid Nodule." The meeting will be held at two o'clock, with Dr. Charles M. Scott, presiding.

Cocktail Parties Thursday and Friday

Two cocktail parties are scheduled for Thursday evening, one by the West Virginia Chapter of the Medical College of Virginia Alumni Association, with Dr. Herbert M. Beddow in charge, and the other by Duke University School of Medicine Alumni, under the direction of Dr. Harold H. Kuhn.

On Friday evening, there will be a cocktail party for members of the alumni of the University of Maryland School of Medicine, with Dr. William D. McClung in charge.

Presidential Address Thursday Evening

The first meeting of the House of Delegates will be held in the Fillmore and Van Buren Rooms on Thursday evening, August 23, at nine o'clock. Dr. Athey R. Lutz of Parkersburg will deliver his presidential address immediately preceding the business meeting.

Dr. E. Lyle Gage, first vice president, will preside during the address of the president, and the President's Charm will be presented by Dr. J. P. McMullen, chairman of the Council.

Dr. Athey R. Lutz will preside at both business sessions of the House of Delegates.

Final Session of House of Delegates

The second and final meeting of the House of Delegates is scheduled for Saturday afternoon at 3:30 o'clock in the theatre, with Dr. Dwight H. Murray, AMA President, as the guest speaker. The final business session will include the election of officers.

Entertainment Features by Auxiliary

Entertainment features during the convention will include a program arranged by the Woman's Auxiliary for Friday evening which will include the appearance of Mr. George Tonak, well known night club performer of New York City, and Mr. Clyde Berkerbile, prominent amateur magician.

Another interesting feature arranged by the Auxiliary will be a water ballet that will be presented on Friday afternoon by the Dolphin Club of West Virginia University. The program will be given at the new outdoor pool near the Casino.

More Than 60 Exhibits

More than 60 scientific and technical exhibits will be set up in the auditorium and auditorium foyer. Exhibits will be open daily from 8:30 A. M. until 5:00 P. M. There are indications now that there will be more than 80 representatives of exhibitors who will be in attendance at the displays at all times during the convention.

Dr. and Mrs. Lutz to Entertain Saturday Evening

The climax of the three-day meeting will be the cocktail party on Saturday evening, which will be given by Dr. and Mrs. Athey R. Lutz for all of the members of the State Medical Association and Auxiliary, their families, and guests attending the convention. The party will be held on the new Auditorium Terrace from 6:30 until 7:30 o'clock.

Otolaryngology Assembly in Chicago

The Annual Assembly in Otolaryngology, sponsored by the Department of Otolaryngology of the University of Illinois College of Medicine, will be held in Chicago, October 1-7, 1956.

The Assembly will consist of an intensive series of lectures and panels concerning advancements in otolaryngology, and evening sessions will be devoted to surgical anatomy of the head and neck and histopathology of the ear, nose and throat.

Interested physicians may obtain full information by writing to the Department of Otolaryngology, 1853 Polk Street, Chicago 12, Illinois.

Substitution of AMA Publication for JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Ophthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

Aug. 20-22—Working Conf. on School Health, Jackson's Mill.
Aug. 23-25—W. Va. St. Med. Assn., White Sul. Spgs.
Sept. 9-13—ICS, Chicago.
Sept. 13-14—W. Va. TB and Health Assn., Beckley.
Sept. 19-20—Ohio GP Acad., Columbus.
Sept. 20—W. Va. Heart Assn., Bluefield.
Sept. 26-28—Mississippi Valley Med. Soc., Chicago.
Sept. 29—ACP Regional meeting, Charleston.
Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8-12—ACS, San Francisco.
Oct. 9-14—World Med. Assn., Havana, Cuba.
Oct. 14-17—Med. Soc. of Virginia, Roanoke.
Oct. 22-25—Interstate Postgraduate Med. Assn., Cleveland.
Oct. 26-31—Am. Heart Assn., Cincinnati.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

ICS Sections To Meet in Chicago

The 21st Annual Congress of the United States and Canadian Sections of the International Congress of Surgeons will be held at the Palmer House in Chicago, September 9-13.

The International House of Delegates will meet on the morning of the opening day, and that afternoon the House of Delegates of the United States section will be convened for the biennial election of officers.

Information concerning the program may be obtained from the Secretariat, International College of Surgeons, 1516 Lake Shore Drive, Chicago 10, Illinois.

Outdoor Pool at The Greenbrier Opens This Month

The magnificient new outdoor pool, which has been under construction at the Greenbrier in White Sulphur Springs for several months, will be formally opened early in August. Announcement to that effect was made as this issue of the *Journal* went to press.

The opening of the pool means that it will be available for use by physicians, their wives, members of their families and guests during the annual meeting of the West Virginia State Medical Association, August 23-25.

In addition to the outdoor pool, the indoor pool will be available for use at all times.

Announcement has also been made by the management of the Greenbrier that Miss Katherine Rawls has been named professional in connection with the outdoor pool. She has been a member of five United States Olympic squads and scored "grand slams" in four swimming events during three national championship meets.

Miss Rawls enjoys the distinction of being the only person ever to win a double team berth (swimming and diving skills) on an Olympic squad. She has also been the recipient of the "Woman Athlete of the Year" award.

State Medical Association Members Elected Since January 1

The following is a list by component societies of new members of the West Virginia State Medical Association elected since the publication of the 1956 roster:

Barbour-Randolph-Tucker

Guy, Ernest G. — Philippi

Cabell

Baur, Jack H. — Huntington

Eastern Panhandle

Fix, L. Walter — Martinsburg
Groves, Norris B. — Martinsburg
Townsend, C. V. — Martinsburg

Fayette

Elias, Lewis R. — Montgomery
Nunnari, Diego — Oak Hill

Hancock

Sulka, C. Michael — Weirton

Kanawha

Cracraft, William A. — Charleston
Kovacevich, Miroslav — Charleston
Linger, R. T. — Charleston
McCoy, E. R. — Charleston
Sunday, Harold B. — Charleston

Logan

Keeney, Paul A. — Man
Spencer, Charles H. — Holden

Marshall

Sellors, William H. — Glen Dale

McDowell

Irvin, Guy E. — Welch
Madonna, John J. — Welch

Mingo

Benshoff, A. M. — Williamson
Ellis, F. E. — Gilbert
Schneider, Harry F. — Delbarton

Monongalia

deForest, Walter R. — Morgantown
Kelley, Arthur W. — Morgantown

Potomac Valley

Rollings, Harry W., Jr. — Wardensville

Preston

Harriman, William H., Jr. — Terra Alta

Raleigh

Allen, Charles I., Jr. — Beckley
Amory, Harold I. — Beckley
Burke, Arnold C. — Beckley
Elliott, W. D. — Beckley
Hogg, Bruce M. — Beckley
Kistin, Albert D. — Beckley
Laqueur, Werner A. — Beckley
Marra, John J. — Beckley
McKinney, Worthy W. — Beckley
Shiels, Thomas V. — Beckley
Wilder, Theo. S. — Beckley
Wilkinson, W. E. — Beckley

Wyoming

Cardenas, Mario — Mullens

Change in Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

Mental Illness Commission Receives S. K. & F. Foundation Grant

The Joint Commission on Mental Illness and Health has announced the receipt of a grant of $25,000 from Smith, Kline and French Foundation of Philadelphia for general support of the Commission's work. This is the first substantial grant received from a private source in connection with the three-year national health study initiated early in 1956.

The Foundation, established by the pharmaceutical laboratories of the same name, maintains a $125,000-a-year research and training grant program in the mental health field.

The purposes of the Joint Commission's study are to appraise present mental health knowledge and methods, point out gaps, limitations and deficiencies, and find new approaches to solving the mental illness problem or better ways of implementing existing methods.

The study was undertaken under a 1955 Act of Congress authorizing the National Institutes of Mental Health to grant $1,250,000 over a three-year period for an independent, objective, thoroughgoing survey. The act provides that the Joint Commission, organized for the purpose by a score of more of national organizations, can accept additional support from non-governmental sources.

Dr. Kenneth E. Appel of Philadelphia is president of the Joint Commission on Mental Illness and Health, Dr. Leo H. Bartemeier of Baltimore, chairman of its board of trustees, and Dr. Jack R. Ewalt, study director.

American Urological Association Announces Essay Contest

The American Urological Association has announced its annual award of $1000 (first prize of $500, second $300, and third $200) for essays on the result of some clinical or laboratory research in urology. Competition is limited to urologists who have been graduated not more than ten years, and to hospital interns and residents doing research work in urology.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel William Penn, Pittsburgh, Pennsylvania, May 6-9, 1957. Essays must be submitted before December 1, 1956.

Full particulars may be obtained by writing the Executive Secretary, William P. Didusch, 1120 North Charles Street, Baltimore, Maryland.

New Research Facilities Dedicated

New facilities for research were dedicated at the Myers Clinic in Philippi on June 22, 1956. Guest speakers were Dr. Edward J. Van Liere of Morgantown, dean of West Virginia University School of Medicine, and Dr. Leandro M. Tocantins of Philadelphia, professor of clinical and experimental medicine at Jefferson Medical College.

New President Assumes Duties At MCV In Richmond

Dr. R. Blackwell Smith, Jr., assumed his official duties as president of the Medical College of Virginia on July 1, succeeding Dr. William T. Sanger who had served as president for 31 years. Doctor Sanger was named chancellor of the college.

Doctor Smith has been connected with the college since 1945, serving as a member of the department of pharmacology. He served two years as assistant president before his election to the presidency. Dr. Warren E. Weaver succeeds Doctor Smith as dean of the School of Pharmacy. He has been professor and chairman of the department of chemistry and pharmaceutical chemistry since 1950.

Dr. David M. Hume, who has been assistant professor of surgery and director of surgical research at the Harvard Medical School, has been named professor and head of the department of surgery to succeed the late Dr. Isaac A. Bigger.

Proposed Amendments To The Constitution

The following amendments to the Constitution of the West Virginia State Medical Association, offered by Myer Bogarad, M. D., of Weirton, on behalf of the Committee on Constitution and By-Laws, at the annual meeting of the House of Delegates in White Sulphur Springs, August 18-20, 1955, will be submitted to the House for final action at the 89th annual meeting in that city, August 23-25, 1956:

ARTICLE VI

Sec. 1. Amend the section, line two, by striking out the words "Vice Presidents" and inserting in lieu thereof the words "President Elect, Vice President."

ARTICLE IX

Sec. 1. Amend the section, line two, by striking out the words "two Vice Presidents" and inserting in lieu thereof the words, "President Elect, Vice President."

(The effect of the proposed amendments to Section 1 of Article VI and Section 1 of Article IX would be to provide for the election of a president elect and a vice president in lieu of two vice presidents. Should the two amendments be adopted, the president elect and a vice president would sit as members of the Council.

ARTICLE IX

Sec. 2. Amend the section, lines eight, nine and ten, by striking out the words, "the calendar year next succeeding their election shall constitute the term of the elective officers," and inserting in lieu thereof the words, "the term of the elective officers shall be for the period of one year beginning the day following the last day of an annual meeting and ending on the last day of the next succeeding annual meeting."

(The section now provides that all elective officers shall serve during the calendar year next succeeding their election.)

Relocations

Dr. Ross D. Surbaugh of Oceana, who has been engaged in industrial and general practice in that city since early in 1954, has moved to Dublin, North Carolina, where he will continue in general practice.

* * * *

Dr. Dorsey C. Beall, a native of Grafton, who recently completed a residency in dermatology at Bellevue Hospital in New York City, has been certified by the American Board of Dermatology and Syphilology. He is located in Morgantown, where he is engaged in the practice of his specialty of dermatology, with offices at 265 High Street.

* * * *

Dr. John W. League of Simpsonville, South Carolina, has located at Montcoal where he will continue in general practice as a member of the Raleigh-Boone medical group which operates the Raleigh-Boone Medical Center in Whitesville.

* * * *

Dr. Jack W. Hunter of Buckhannon, who has been a member of the surgical staff at the Veterans Hospital in Clarksburg for the past five years, has moved to Webster Springs, where he will be chief of surgery at the Webster County Memorial Hospital.

Doctors in the Service

Dr. James A. Thompson of Clarksburg, who has been serving in the medical corps of the Navy since August 1954, will be released August 1 with the rank of Lieutenant Commander (MC), USNR. He has been stationed at the U. S. Naval Hospital at Bainbridge, Maryland. He will return to Clarksburg early in August, where he will resume the practice of his specialty of internal medicine, with offices at 205 Prunty Building.

* * * *

Dr. Charles A. Stump, who has been engaged in general practice at Grantsville for the past three years, has been called to active service in the medical corps of the U. S. Navy. He will report for duty the middle of August.

Postgraduate Course in Gastroenterology

The American College of Gastroenterology has announced its annual course in postgraduate gastroenterology, which will be given at the Roosevelt Hotel in New York City, October 18-20, 1956.

The course will be under the direction of Dr. Owen H. Wangensteen, professor of surgery of the University of Minnesota Medical School, who will serve as surgical co-ordinator, and Dr. I. Snapper, director of medical education, Beth-El Hospital, Brooklyn, N. Y., who will serve as medical co-ordinator. Drs. Wangensteen and Snapper will be assisted by a distinguished faculty selected from the medical schools.

Further information concerning the program may be obtained by writing to the American College of Gastroenterology, Department P. G., 33 West 60th Street, New York 23, N. Y.

Dr. Gordon M. Meade Named UMW Clinical Director

Dr. Gordon M. Meade, chief of clinical services at the Williamson Memorial Medical Center, Williamson, West Virginia, has been appointed Clinical Director of the Miners Memorial Hospital Association. The appointment was announced by Dr. Frederick D. Mott, medical administrator for the chain of ten hospitals serving beneficiaries of the United Mine Workers Welfare and Retirement Fund.

Doctor Meade succeeds Dr. Aims C. McGuinness, who will return to private practice and the teaching of pediatrics in Philadelphia.

Doctor Meade's duties as clinical director will include coordination of clinical care in all of the UMW Memorial Hospitals in West Virginia, Eastern Kentucky and Virginia.

Prior to accepting appointment with the Miners Memorial Hospital Association, Doctor Meade served for three years as medical director of the Trudeau Sanatorium at Saranac Lake, New York, and subsequently as director of the Trudeau-Saranac Institute.

Auto Emblems Available

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

Annual School Health Conference At Jackson's Mill, Aug. 20-22

Dr. Donald A. Dukelow, consultant in school health to the American Medical Association, will be the keynote speaker at the annual Working Conference on School Health which will be held at Jackson's Mill, August 20-22.

Registration at the conference will begin at 9 A. M. on Monday, August 20. The first general session will get under way at 10 o'clock, with Doctor Dukelow as the speaker. The afternoon and evening hours on Monday will be devoted to the discussion of various topics by separate groups.

There will be a discussion period Tuesday morning prior to the general session which is scheduled to begin at 11 o'clock. Discussion groups will meet in the afternoon and evening on Tuesday, and again on Wednesday morning before the closing general session.

Dr. Leo H. Mynes of Charleston, who will represent the West Virginia State Medical Association at the meeting, will serve as a consultant and discussion leader. Other consultants will be Dr. Robert Wright and Miss Margaret McLaughlin, United States Department of Health, Education and Welfare; Miss Lola Mary Goggans, United States Office of Education; and Dr. Ruth Sumner, United States Public Health Service, Region 3.

ACHROMYCIN*

Tetracycline *Lederle*

ACHROMYCIN is unsurpassed in its range of effectiveness. Each successive month more physicians are confirming this fact for themselves in their own daily practice in the therapy of respiratory, genitourinary, dermatologic and other infections.

ACHROMYCIN can be of service to you because of these important advantages:

- true broad-spectrum action
- rapid diffusion and penetration
- prompt control of infection
- proved effective against a wide variety of infections caused by Gram-positive and Gram-negative bacteria, rickettsiae, and certain viruses and protozoa
- side effects, if any, usually minimal
- produced under exacting quality control in Lederle's *own* laboratories and offered *only* under the Lederle label
- a *complete line* of dosage forms

ACHROMYCIN SF

ACHROMYCIN Tetracycline with STRESS FORMULA VITAMINS for severe or prolonged illness. Attacks the infection—defends the patient—hastens normal recovery. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

Lederle

*REG. U. S. PAT. OFF.

PHOTO DATA: 8 X 10 GROVER VIEW CAMERA
100 SEC. AT F.22 EXISTING LIGHT

ACHROMYCIN

National Officers of Auxiliary To Attend Annual Meeting

Mrs. Mason G. Lawson of Little Rock, Arkansas, immediate past president of the Woman's Auxiliary to the American Medical Association, and Mrs. John J. O'Connell of St. Louis, Missouri, president of the Woman's Auxiliary to the Southern Medical Association, will be guest speakers before the Auxiliary to the West Virginia State Medical Association during the 32nd annual meeting at the Greenbrier, in White Sulphur Springs, August 23-25.

The theme of the convention, which will be opened formally at 10 o'clock on Thursday morning, August 23, will be "Better Health Through Knowledge and Cooperation." The president, Mrs. Paul P. Warden of Grafton, who has served during the past year, will preside at all of the sessions.

Mrs. Lawson, who was unable to be present at the meeting in 1955 because of a speaking engagement before another group previously made, has been a member of the board of directors of the AMA Auxiliary since 1949. She was a vice president for three years and treasurer for two years, and served as president elect, 1954-55.

She served as president of the Woman's Auxiliary to the Arkansas Medical Society, 1948-49, and has been president of the local auxiliary in Saline and Pulaski counties, Arkansas.

Mrs. O'Connell helped organize the Auxiliary to the St. Louis County Medical Society and served as its president for three separate terms. She was a member of the board of the Woman's Auxiliary to the Missouri State Medical Association for several years, and served as president, 1948-49.

Mrs. Mason G. Lawson

Mrs. Paul P. Warden

At the opening session, Mrs. Lawson will be the guest speaker and reports of some of the county presidents will be made following her address.

Brief reports will be made by each of the officers of the Auxiliary and chairmen of all standing and special committees.

The second and final general session is scheduled for Friday morning, August 24, and Mrs. O'Connell will be the guest speaker at that time. Reports will be received from county presidents and convention committees which are not scheduled to submit reports at the session on Thursday.

One of the features of the Friday morning session will be the presentation by Mrs. J. E. Spargo, Jr., of Wheeling, of a charter to the Woman's Auxiliary to the Mason County Medical Society, organized during the past year.

New Officers To Be Installed

The election of officers will follow the report of the nominating committee, and the new officers will be installed by Mrs. Lawson.

Mrs. Spargo, who will serve as president of the Auxiliary, 1956-57, will deliver her inaugural address following the installation ceremonies.

The pre-convention meeting of the executive board is scheduled for Wednesday evening, August 22, at eight o'clock. The meeting will be adjourned in time for the members to attend the open Medico-Legal meeting at nine o'clock, with former Governor Homer A. Holt and Dr. Walter E. Vest as speakers.

On Thursday afternoon, there will be a "Teen-Age Get-Acquainted" party, followed by swimming in the

new outdoor pool near the Casino. That evening, the members of the Auxiliary are invited to hear Dr. Athey R. Lutz of Parkersburg deliver his presidential address.

A bridge party has been arranged for the Trellis Room on Thursday evening from nine-thirty to eleven-thirty o'clock.

The annual Past President's Breakfast is scheduled for Friday morning at eight o'clock, with Mrs. J. Preston Lilly of Charleston in charge.

Water Ballet Friday Afternoon

The Dolphin Club of West Virginia University will present a water ballet in the new outdoor pool on Friday afternoon at three o'clock, and all members of the Auxiliary and State Medical Association have been invited to be present.

Feature Evening Entertainment

The feature evening entertainment during the convention will be the appearance, under the auspices of the Auxiliary, of Mr. George Tonak, pianist-comedian, and Mr. Clyde Berkerbile, amateur magician, who will present a program in the ballroom on Friday evening at ten o'clock.

George Tonak, with his unique portable piano, was featured for twelve years at Bill's "Gay Nineties" in New York City, and he is appearing at the convention through the courtesy of the Diaparene Division of the Homemakers Products Corporation of New York City.

Clyde Berkerbile, a representative of Doho Chemical Corporation, is one of the country's better known amateur magicians. He will be one of the representatives in charge of the Doho exhibit at the convention.

Post-Convention Conference

The convention will come to a close on Saturday morning with the post-convention conference at ten o'clock. Mrs. Spargo will preside. The conference will be open to all members and guests and will be followed by a meeting of the new executive board.

Members of the Auxiliary and guests, with members of the State Medical Association, will be entertained by Dr. and Mrs. Athey R. Lutz at a cocktail party on the Auditorium Terrace on Saturday evening from six-thirty to seven-thirty o'clock.

Mrs. John J. O'Connell

West Virginia Physicians Renamed To State Boards

Dr. George F. Evans of Clarksburg has been renamed by Governor William C. Marland as a member of the Medical Licensing Board for a term of five years ending June 30, 1956. He has been a member of the Board since 1949.

The Governor has also announced the reappointment of Dr. Delivan A. MacGregor of Wheeling as a member of the West Virginia Board of Health. He will serve for a nine-year term ending June 30, 1965.

Dr. Ward Wylie of Mullens, a member of the West Virginia Senate for the past several years, has been reappointed for a three-year term as a member of the State Athletic Commission, a post he has held since 1941.

ACCP Postgraduate Courses

The Council on Postgraduate Medical Education of the American College of Chest Physicians is sponsoring postgraduate courses on diseases of the chest this fall as follows:

Eleventh Annual Postgraduate Course, Hotel Knickerbocker, Chicago, Illinois, October 15-19; and

Ninth Annual Postgraduate Course, Park-Sheraton Hotel, New York City, November 12-16.

The tuition is $75.00 for each course including daily roundtable luncheons. The most recent advances in the diagnosis and treatment of chest diseases will be discussed.

Further information may be obtained by writing the Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

1957 Otolaryngology Congress To Meet in Washington

The Sixth Annual Meeting of the International Congress of Otolaryngology will be held in Washington, D. C., May 5-10, 1957.

The importance of early registration by those who expect to attend the meeting is being emphasized on the basis that hotel reservation priority will be determined by the date of registration.

Application for participation in the scientific program and for the presentation of motion pictures or exhibits should be submitted to Dr. Paul Holinger, General Secretary, 700 North Michigan Avenue, Chicago 11, Illinois.

Woman's Auxiliary to Sponsor Entertainment at Convention

One of the highlights of the annual meeting at White Sulphur Springs, August 23-25, will be the stellar entertainment arranged by the Woman's Auxiliary for Friday evening, August 24.

The program, which will be given in the ballroom at the Greenbrier, includes a personal appearance by George Tonak, who for the past twelve years has been the feature attraction at Bill's Gay Nineties, one of New York's East Side night clubs.

Mr. Tonak is known primarily for his challenging repertoire (entirely by memory) and unusual styling of concert scores, folk music, jazz and slapstick renditions. His format, lasting about half an hour and followed by a "community-sing," will be tailor-designed on the spot to please the entertainment tastes of physicians and their wives. Mr. Tonak comes to the Greenbrier under the sponsorship of the Diaperene Division of the Homemakers Products Corporation of New York City.

George Tonak

Another feature of this gala evening of entertainment arranged by the Auxiliary will be the appearance of Mr. Clyde Berkerbile, of Doho Chemical Corporation, who is one of the outstanding amateur magicians of the country. Mr. Berkerbile will be one of the representatives in charge of the Doho exhibit at the convention.

The daytime feature entertainment which has been arranged by the Auxiliary will be the initial appearance at the Greenbrier of the Dolphin Club of West Virginia University, the members of which will present a water ballet on Friday afternoon, August 24.

In addition to the spectacle, there will be an exhibition of swimming and fancy diving.

The new outdoor pool near the Casino, which will be opened early in August, will be the scene of this unusual entertainment by the Auxiliary.

Medical Golf Tourney Scheduled At The Greenbrier

The usual medical golf tournament will be held at the Greenbrier, August 23-25, in connection with the annual meeting of the West Virginia State Medical Association.

Dr. Everett B. Wray, Jr., of Beckley, chairman of the golf committee, has announced that tournament play will be limited to afternoons during the meeting. Participants are to inform the starter when they begin to play their tournament rounds. All tournament play must be completed by five o'clock on Saturday afternoon, August 25.

Several drug and accessory houses have donated valuable prizes to be awarded tournament winners at the cocktail party on Saturday evening. Only one prize may be won by a player.

Two physicians, Dr. Charles E. Watkins of Oak Hill, and Dr. R. R. Summers of Charleston, will be competing for permanent possession of the championship trophy donated by the Kloman Instrument Company, Inc., of Charleston. Both physicians have two legs on the trophy which will be presented to the first player to win three legs. Doctor Wray and Dr. J. T. Mallamo of Fairmont each have one leg on the trophy.

Besides Doctor Wray, the other members of the golf committee are Drs. Robert Fankhauser of Parkersburg, and J. F. Lehman of Kingwood.

Please Register Promptly!

Members of the West Virginia State Medical Association, visiting physicians, and residents and interns are requested to register promptly upon their arrival at the Greenbrier for the 89th annual meeting, August 23-25. The registration booth will be located on the main floor lobby, just outside the auditorium foyer. There will be no registration fee.

"Pop" Tax Receipts Show Increase

The monthly report of the State Tax Commisioner shows that the net collections from the soft drink or "pop" tax for the month of June, 1956, were $338,441.58, an increase of 15.75 per cent over June, 1955.

Net collections for the fiscal year 1955-56 show an increase of 9.9 per cent over the same period last year.

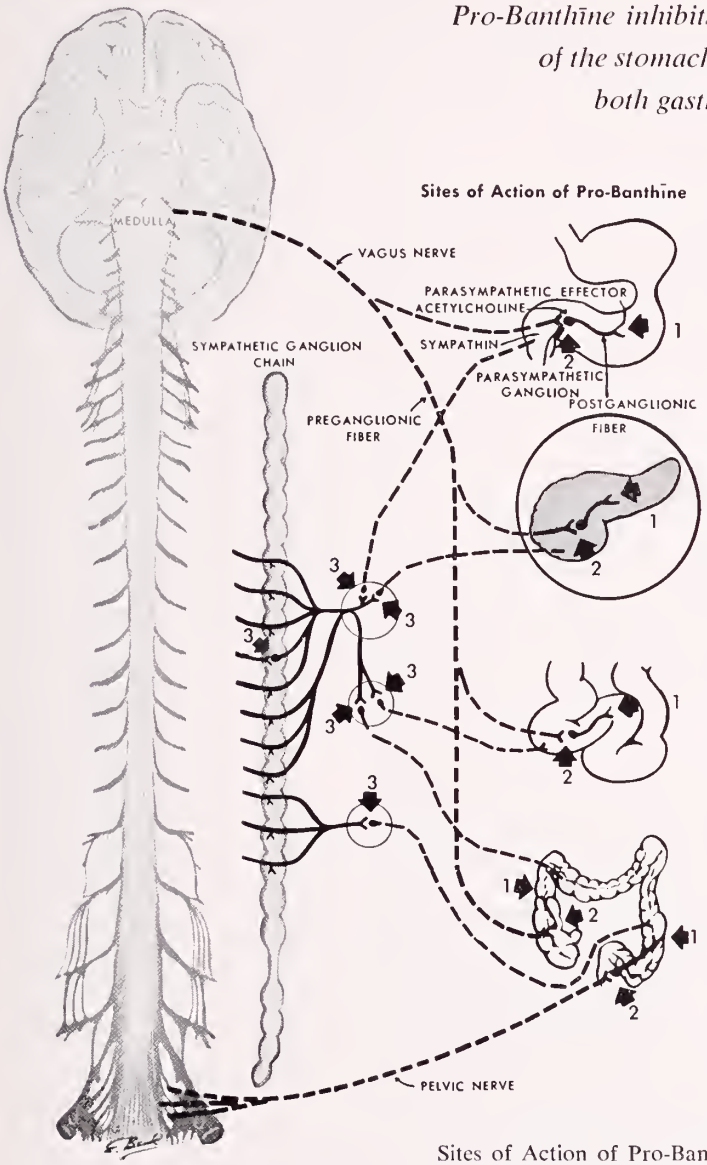
Controlling Temper by Exercise

Running around the block may be a better way to control one's temper than counting ten. Such exercise causes the body's countershock mechanism to fight physical shock instead of anger, according to Dr. E. H. Michael of Santa Barbara College, Calif.—R.N.

PROVED ANTICHOLINERGIC EFFICIENCY

Pro-Banthīne® Provides Rapid Relief in Acute Pancreatitis

Pro-Banthīne inhibits excessive vagal stimulation of the stomach and pancreas and reduces[1,2] both gastric and pancreatic secretions.



With use of the Levin tube and a drug "such as Pro-Banthīne . . . most cases of acute pancreatitis[3] will subside in a few hours, or at the most, in a few days."

Schwartz and Hinton achieved[4] dramatic relief of pain in four of six patients with acute hemorrhagic or edematous pancreatitis within twenty to thirty minutes after giving Pro-Banthīne intramuscularly. A dose of 15 to 30 mg. may be repeated[1] parenterally at intervals of six hours.

Pro-Banthīne bromide (brand of propantheline bromide) also has proved highly effective in the therapy of peptic ulcer, hypertrophic gastritis, diverticulitis, biliary dyskinesia, ileostomies and genitourinary spasm. G. D. Searle & Co., Research in the Service of Medicine.

1. Jones, C. A.: Arch. Int. Med. *96*:332 (Sept.) 1955.
2. Zollinger, R. M.: Postgrad. Med. *15*: 323 (April) 1954.
3. Woodward, E. R.: M. Clin. North America *38*:115 (Jan.) 1954.
4. Schwartz, I. R., and Hinton, J. W.: Personal communication, February, 1955.

Sites of Action of Pro-Banthīne. *The principal site of action of Pro-Banthīne is on the parasympathetic system where it exerts a dual action while exerting a single and lesser action on the sympathetic system: (1) parasympathetic effector; (2) parasympathetic ganglion; (3) sympathetic ganglion (see arrows).*

SEARLE

The Dining Terrace of the Casino at the Greenbrier

CONVENTION PROGRAM

89th Annual Meeting

of the

West Virginia State Medical Association

THE GREENBRIER, WHITE SULPHUR SPRINGS
August 23-25, 1956

WEDNESDAY AFTERNOON

August 22

2:00-4:30—Registration, Main Floor Lobby.

2:00—Meeting of Fact Finding and Legislative Committee. E. L. Gage, M. D., *presiding* (Pierce Room).

2:00—Insurance Committee. Charles A. Hoffman, M. D., *presiding* (Buchanan Room).

2:00—Rural Health Committee. Jerome C. Arnett, M. D., *presiding* (Van Buren Room).

2:00—Industrial Health Committee. J. L. Thompson, M. D., *presiding* (Harrison Room).

2.00—Cancer Committee. F. Lloyd Blair, M. D., *presiding* (Jackson Room).

3:00—UMW Advisory Committee. J. C. Huffman, M. D., *presiding* (Greenbrier Suite).

4:00—Pre-convention meeting of the Council, J. P. McMullen, M. D., *presiding* (Fillmore Room).

4:30—Public Relations Committee. William L. Cooke, M. D., *presiding* (Arthur Room).

WEDNESDAY EVENING

8:30-9:30—Registration.

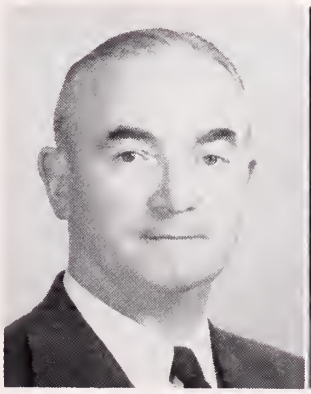
9:00—Open Medico-Legal Meeting. William L. Cooke, M. D., *presiding* (Fillmore and Van Buren Rooms).

Addresses by Former Governor Homer A. Holt, of Charleston, and Walter E. Vest, M. D., of Huntington.

Subject: Problems of mutual interest to the members of the legal and medical professions.

Panel discussion. Question and answer period.

Convention Speakers



Homer A. Holt

Walter E. Vest, M. D.

THURSDAY MORNING

August 23

8:30—Motion Pictures. D. E. Greeneltch, M. D., in charge. (Theatre).

8:30-5:00—Registration, Main Floor Lobby.

First General Session—Theatre

9:15—Call to Order—Richard W. Corbitt, M. D., Chairman, Program Committee. Address of Welcome—Athey R. Lutz, M. D., President, West Virginia State Medical Association.

— SYMPOSIUM ON REHABILITATION —

Moderator: Carl B. Hall, M. D.

9:30—"Hope in Rehabilitation."—Donald A. Covalt, M. D., Associate Director, New York University-Bellevue Medical Center, New York City. (Howard G. Weiler, M. D., will introduce the speaker).

10:00—"Rehabilitation of the Cardiac Patient."—Bernard J. Walsh, M. D., Professor of Clinical Medicine, Georgetown University School of Medicine, Washington, D. C. (William E. Bray, Jr., M. D., will introduce the speaker).

10:30-11:00—Recess for visiting exhibits.

11:00—"Rehabilitation of the Mental Patient."—O. Spurgeon English, M. D., Professor of Psychiatry, Temple University School of Medicine, Philadelphia, Pa. (Hiram W. Davis, M. D., will introduce the speaker).

11:30-12:30—Panel discussion, including question and answer period, with the moderator in charge.

12:30—Recess for luncheon and visiting exhibits.

THURSDAY AFTERNOON

2:00—Symposium on Exceptional Children. *Moderator:* Hiram W. Davis, M. D. (Fillmore Room).

Speakers, Sarah L. C. Stevens, M. D., Huntington; Miss Frances A. Scott, Charleston; Donald A. Covalt, M. D., New York City; Bernard J. Walsh, M. D., Washington, D. C.; O. Spurgeon English, M. D., Philadelphia; and Paul Gyorgy, M. D., Philadelphia.

Panel discussion. Question and answer period.

Business meeting of Section on Neurology, Neurosurgery and Psychiatry.

THURSDAY EVENING

6:00-7:00—Cocktail Hour, West Virginia Chapter, Medical College of Virginia Alumni Association. H. M. Beddow, M. D., in charge. (Tyler Room).

6:00-7:00—Cocktails, Duke University School of Medicine Alumni. Harold H. Kuhn, M. D., in charge. (Greenbrier Suite).

9:00—Annual Address of the President, Athey R. Lutz, M. D. E. Lyle Gage, M. D., first vice president, *presiding* (Fillmore and Van Buren Rooms).

Convention Speakers

Donald A. Covalt, M. D.

Bernard J. Walsh, M. D.

Presentation of President's Charm—J. P. McMullen, M. D., Chairman of the Council.

9:40—First meeting, House of Delegates. Athey R. Lutz, M. D., *presiding.*

FRIDAY MORNING

August 24

8:30—Motion Pictures. D. E. Greeneltch, M. D., in charge. (Theatre).

8:30-5:00—Registration, Main Floor Lobby.

Second General Session—Theatre

—SYMPOSIUM ON OBSTETRICS AND GYNECOLOGY—

Moderator: Richard W. Corbitt, M. D.

9:30—"Surgical Problems of the Female Pelvis."—Virgil S. Counseller, M. D., Head, Section on General and Gynecological Surgery, Mayo Clinic, and Professor of Surgery, Mayo Foundation, Rochester, Minn. (Charles M. Scott, M. D., will introduce the speaker).

10:00—"Common Complications of Obstetrics."—F. Bayard Carter, M. D., Head, Department of Obstetrics and Gynecology, Duke Hospital, and Professor of Obstetrics and Gynecology, Duke University School of Medicine, Durham, N. C. (George T. Evans, M. D., will introduce the speaker).

10:30-11:00—Recess for visiting exhibits.

11:00—"Endocrine Problems of the Adult Female."—Robert B. Greenblatt, M. D., Professor of Endocrinology, Medical College of Georgia, Augusta, Georgia. (C. Truman Thompson, M. D., will introduce the speaker).

11:30-12:30—Panel discussion, including question and answer period, with the moderator in charge.

12:30—Recess for luncheon and visiting exhibits.

FRIDAY AFTERNOON

1:30—Urological X-Ray Conference. Charles A. Hoffman, M. D., *presiding* (Arthur Room).

1:30—Section on Orthopedic Surgery. Howard G. Weiler, M. D., *presiding* (Jackson Room).

2:00—West Virginia Society of Anesthesiologists. Guest speaker: Mr. William R. Huff, Executive Secretary, West Virginia Hospital Association. Subject, "The Hospital Administrator." Newman H. Newhouse, M. D., *presiding* (Pierce Room).

2:00—Open meeting, Section on Internal Medicine, West Virginia Diabetes Association, and West Virginia Heart Association. Clark K. Sleeth, M. D., and J. J. Lawless, M. D., in charge (Fillmore Room).

"The Office Treatment of Anxiety States."—O. Spurgeon English, M. D.

"Some Errors in the Diagnosis of Heart and Vascular Disease."—Bernard J. Walsh, M. D.

"Lupus Erythematosus."—Clarence S. Livingood, M. D.

Convention Speakers

O. Spurgeon English, M. D.

Virgil S. Counseller, M. D.

Panel discussion. Question and answer period.

Business sessions of the Section on Internal Medicine and the West Virginia Diabetes Association will follow scientific program.

2:00—West Virginia Obstetrical and Gynecological Society. George T. Evans, M. D., *presiding* (Tyler Room). Guest speaker: F. Bayard Carter, M. D. Business Session. Election of officers.

3:30—Catholic physicians practicing in West Virginia. Guest speaker: The Rev. John J. Flanagan, S. J., Executive Director, Catholic Hospital Association, St. Louis. George F. Fordham, M. D., *presiding* (Greenbrier Suite).

4:00—Alumni Association, West Virginia University School of Medicine. George T. Evans, M. D., *presiding* (West Virginia Room).

FRIDAY EVENING

6:30-7:30—Cocktail Party, University of Maryland School of Medicine Alumni. William D. McClung, M. D., *presiding* (West Virginia Room).

10:00—Entertainment by Woman's Auxiliary, featuring George Tonak, pianist, and Clyde Berkerbile, amateur magician (Ballroom).

Dancing in the Ballroom.

SATURDAY MORNING

August 25

8:30—Motion Pictures. D. E. Greeneltch, M. D., in charge (Theatre).

8:30-2:30—Registration, Main Floor Lobby.

Third General Session—Theatre

Moderator: George F. Evans, M. D.

9:30—"Commonly Missed Diagnoses in Skin Diseases." —Clarence S. Livingood, M. D., Physician-in-Charge, Division of Dermatology, Henry Ford Hospital, Detroit, Michigan. (Beatrice H. Kuhn, M. D., will introduce the speaker).

10:00—"Factors Influencing the Spread of Cancer."—George Crile, Jr., M. D., Member of Staff, Department of Surgery, Cleveland Clinic, Cleveland, Ohio. (F. Lloyd Blair, M. D., will introduce the speaker.)

10:30-11:00—Recess for visiting exhibits.

11:00—Recent Advances in the Therapy of Diseases of the Chest."—Sol Katz, M. D., Chief, Division of Pulmonary Diseases, District of Columbia General Hospital, Washington, D. C. (William L. Cooke, M. D., will introduce the speaker).

11:30-12:30—Panel discussion, with question and answer period, with the Moderator in charge.

12:30—Recess for luncheon and visiting exhibits.

SATURDAY AFTERNOON

1:30—Section on Industrial Medicine and Public Health, Guest speaker: Mr. Henry N. Doyle, Assistant Chief, Occupational Health Division, USPHS., Washington, D. C. Subject, "Emerging Industrial Problems. Edward V. Henson, M. D., *presiding* (Buchanan Room).

Business meeting and election of officers following scientific program.

1:30—West Virginia Academy of Ophthalmology and Otolaryngology. EENT Symposium. W. K.

Convention Speakers

F. Bayard Carter, M. D.

Robt. B. Greenblatt, M. D.

Marple, M. D., and Henry C. Hays, M. D., in charge (Fillmore and Van Buren Rooms).

OPHTHALMOLOGY

Subject: "General Management of the Very Aged Patient with Cataracts."—Edwin M. Shepherd, M. D., *Moderator.*

Speakers: J. C. Huffman, M. D., Charles M. Polan, M. D., and Alfred J. Magee, M. D.

OTOLARYNGOLOGY

Subject: "Indications for Tracheotomy."—N. K. Joseph, M. D., *Moderator.*

Speakers: W. C. Morgan, Jr., M. D., and Lyle J. McGinnis, M. D.

Business meeting. Election of officers.

2:00—Joint meeting, Section on Radiology, West Virginia Society of Anesthesiologists and West Virginia Association of Pathologists. J. Dennis Kugel, M. D., *presiding* (Greenbrier Suite).

Discussion of the corporate practice of medicine in West Virginia and its ramifications in the light of the opinion of the Attorney General on the subject.

Speakers: Mr. W. Obed Poling, Thomas G. Reed, M. D., and Frank J. Holroyd, M. D.

Separate meetings of the Section on Radiology, and West Virginia Association of Pathologists.

2:00—West Virginia Pediatric Society. Thomas G. Potterfield, M. D., *presiding* (West Virginia Room).

Speaker: Paul Gyorgy, M. D., Philadelphia. Subject, "Trends and Advances in Infant Nutrition."

Business Meeting. Election of Officers.

2:00—Section on Surgery, Charles M. Scott, M. D., *presiding* (Tyler Room).

Speaker, George Crile, Jr., M. D., Cleveland. Subject: "That Controversial Thyroid Nodule."

Business Session. Election of officers.

3:30—Second and final meeting of the House of Delegates. Athey R. Lutz, M. D., *presiding* (Theatre).

Guest speaker: Dwight H. Murray, M. D., President, American Medical Association. Subject, "Federal Legislation and How it Affects the Medical Profession."

Business Session. Election of Officers.

SATURDAY EVENING

6:30-7:30—Cocktail Party. Dr. and Mrs. Athey R. Lutz will entertain members of the State Medical Association, Auxiliary and guests. (Auditorium Terrace).

10:00—Dancing in the Ballroom.

Convention Speakers

C. S. Livingood, M. D.

George Crile, Jr., M. D.

Sol Katz, M. D.

CONVENTION SPEAKERS

(Biographical Sketches)

FRANCIS BAYARD CARTER, M. D., Durham, N. C.; M. D., Johns Hopkins, 1925; M. A. (physiology), Oxford, 1932; head, Department of Obstetrics and Gynecology, University of Virginia Department of Medicine, 1929-31; professor of obstetrics and gynecology at Duke University School of Medicine since 1931.

GEORGE CRILE, JR., M. D., Cleveland, Ohio; M. D., Harvard Medical School, 1933; served in the U. S. Navy during World War II; certified by the American Board of Surgery; F. A. C. S.; member, American Medical Association, American Surgical Association, Central Surgical Society and Southern Surgical Association; member of the staff, department of surgery, Cleveland Clinic Foundation since 1937.

VIRGIL S. COUNSELLER, M. D., Rochester, Minnesota; M. D., Rush Medical College, 1920; head, section on general and gynecological surgery, Mayo Clinic, and professor of surgery, Mayo Foundation Graduate School of the University of Minnesota Medical School, Rochester, Minnesota.

DONALD A. COVALT, M. D., New York City; M. D., Indiana University School of Medicine, 1933; private practice, Muncie, Indiana, 1934-42; assistant medical director, medical rehabilitation service, Department of Medicine and Surgery, Veterans Administration, Washington, D. C., 1946-47; consultant in physical medicine and rehabilitation, Department of Health, Education and Welfare, 1948-53, and USAF, 1951-53; associate director, Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, and associate professor, department of physical medicine and rehabilitation, New York University College of Medicine; national consultant in physical medicine and rehabilitation to Veterans Administration and HEW, and consultant to Hunterdon Medical Center, Flemington, New Jersey, Rehabilitation Center, Inc., Louisville, Kentucky, and William Hodson Community Center, New York City; member, Medical Society of the County of New York, New York Academy of Medicine, Medical Society of the State of New York, AMA, and American Congress of Physical Medicine and Rehabilitation. Diplomate, American Board of Physical Medicine and Rehabilitation.

O. SPURGEON ENGLISH, M. D., Philadelphia, Pa.; M. D., Jefferson Medical College of Philadelphia, 1924; internship at Jefferson Medical College Hospital followed by special work in psychiatry at Harvard Medical School and psychiatric clinics in Vienna and Berlin; head, department of psychiatry, Temple University School of Medicine and Hospital since 1933, and associated with department of theology at Temple University; member of the American Psychiatric Association, the American Psychoanalytic Association, and the Group for the Advancement of Psychiatry. Co-author of the following books: "Emotional Problems of Living," with Dr. Gerald H. J. Pearson; "Phychosomatic Medicine," with Dr. Edward Weiss; "Fathers Are Parents Too," with Mrs. Constance J. Foster; and "Introduction to Psychiatry," with Dr. Stuart M. Finch.

ROBERT B. GREENBLATT, M. D., Augusta, Georgia; M. D., McGill University Faculty of Medicine, Montreal, Canada; postgraduate work in pathology, in Montreal and Boston; has served as assistant professor of pathology and gynecology and professor of experimental medicine at the Medical College of Georgia, and has been professor of endocrinology there since 1945; served with U. S. Coast Guard (Pacific Fleet) during World War II; now consultant to the USPHS, the U. S. Veterans Facility, and the office of the Surgeon General of the U. S. Army; Diplomate, American Board of Obstetrics and Gynecology; author, "Office Endocrinology," now in its fourth edition.

SOL KATZ, M. D., Washington, D. C.; M. D., Georgetown University School of Medicine, 1939; assistant chief, division of pulmonary diseases, District of Columbia General Hospital, 1942-46, and chief of the division since 1946; adjunct clinical professor of medicine, Georgetown University School of Medicine and George Washington School of Medicine; consultant in pulmonary diseases at Georgetown University Hospital, Newton D. Baker Veterans Hospital, Mt. Alto Veterans Hospital, Children's Hospital, and Clinical Center, National Institutes of Health; Diplomate, American Board of Internal Medicine; Fellow, ACP and ACCP; and member, American Medical Association, American Heart Association and American Trudeau Society.

CLARENCE S. LIVINGOOD, M. D., Detroit, Michigan; M. D., University of Pennsylvania School of Medicine, 1936; internship and residency in dermatology and syphilology at the University of Pennsylvania Hospital; Medical Corps of the Army during World War II, serving in the Zone of Interior and in the India-Burma theatre; consultant in dermatology to the Surgeon General's office during last year of the war; has served as assistant professor of dermatology at the University of Pennsylvania School of Medicine, and professor of dermatology at Jefferson Medical College of Philadelphia and at the University of Texas School of Medicine; chief of the dermatology division of the Henry Ford Hospital, Detroit, since 1953; member, medical advisory board to the medical director of the Veterans Administration, chief consultant in dermatology to the VA, and civilian consultant in dermatology to the

Surgeon General of the Army; co-author of "Manual of Dermatology."

DWIGHT HARRISON MURRAY, M. D., Napa, California; M. D., Indiana University School of Medicine, 1917; chairman, department of general practice, Parks Victory Memorial Hospital, Napa; civilian consultant to Surgeon General of the Navy; county physician of Napa County; member, Napa County Medical Association, California Medical Association, AMA, and American Academy of General Practice; member, AMA Board of Trustees, 1945-55, and chairman of the Board for four years; named president elect of the AMA in 1955, and installed as president at the annual meeting in Chicago in 1956.

BERNARD J. WALSH, M. D., Washington, D. C.; M. D., Georgetown University School of Medicine, 1934; instructor in medicine and cardiology, Georgetown University School of Medicine, 1940-44, and associate clinical professor of medicine since 1944; cardiologist, Bureau of Maternal and Child Welfare, District of Columbia Health Department since 1941, and senior consultant in cardiology, Doctor's Hospital, Washington, D. C., since 1945; member, Medical Society of the District of Columbia, AMA, and Fellow of the American College of Chest Physicians.

DELEGATES AND ALTERNATES

B-R-T (4)—Delegates, A. C. Thompson, Elkins, Semon M. Lilienfeld, Parsons, and Hu C. Myers, Philippi. Alternates, Guy H. Michael, Jr., Parsons, A. Kyle Bush, Philippi; and Robert R. Rector, Elkins.

BOONE (2)—Delegates, Hiram Sizemore, Jr., and H. H. Howell, Madison. Alternates, J. M. Scott, Madison, and W. V. Wilkerson, Whitesville.

BROOKE (2)—Delegates, Ralph McGraw, Follansbee, and H. L. Hegner, Wellsburg. Alternates, W. T. Booher, Wellsburg, and J. E. Wise, Follansbee.

CABELL (8)—Delegates, Frank M. Booth, Jr., Charles A. Hoffman, Francis L. Coffey, C. Stafford Clay, A. C. Esposito, John F. Morris, Richard J. Stevens, and Ronald E. Crissey, Huntington. Alternates, Thomas G. Folsom, Lawrence B. Gang, Jack Leckie, David A. Haught, William K. Marple, Siegfried Werthammer, and Gates J. Wayburn, Jr., Huntington.

CENTRAL WEST VIRGINIA (4)—Delegates, Theresa O. Snaith, Weston, R. L. Chamberlain, Buckhannon, J. E. Echols, Richwood, and B. M. Hutchinson, Sutton. Alternates, Ira F. Hartman, W. L. Ashworth, Buckhannon, W. W. Huffman, Gassaway, and E. H. Pertz, Weston.

EASTERN PANHANDLE (3)—Delegates, L. Walter Fix, Max Oates, and E. Andrew Zepp, Martinsburg.

FAYETTE (3)—Delegates, Peter P. Ladewig, R. DeWitt Peck, Montgomery, and W. P. Bittinger, Summerlee. Alternates, Ivan H. Bush, Jr., J. N. Jarrett, Oak Hill, and R. S. Birckhead, Gauley Bridge.

GREENBRIER VALLEY (3)—Delegates, W. D. Irvine, Lewisburg, James P. Baker, White Sulphur Springs, and E. T. Cobb, Ronceverte.

HANCOCK (3)—Delegates, J. L. Thompson, M. Bogarad, Weirton, and David S. Pugh, Chester. Alternates, Richard E. Flood, L. O. Schwartz, and Leonard E. Yurko, Weirton.

HARRISON (5)—Delegates, C. S. Harrison, Lawrence B. Thrush, E. B. Randolph, L. E. Neal, and Herman Fischer, Clarksburg. Alternates, L. Dale Simmons, J. Keith Pickens, R. V. Lynch, Jr., and A. Robert Marks, Clarksburg.

KANAWHA (13)—Delegates, A. B. Curry Ellison, Morris H. O'Dell, H. M. Hills, Jr., John C. Condry, John W. Hash, Howard A. Swart, W. L. Cooke, P. A. Tuckwiller, K. G. MacDonald, Carl B. Hall, Charleston, O. M. Harper, Clendenin, P. C. Soulsby and J. Edward Jackson, St. Albans. Alternates, Charles E. Staats, Marion F. Jarrett, L. B. Matthews, Hunter Boggs, H. M. Beddow, J. E. Stoeckel, Theodore P. Mantz, Robert C. Bock, W. Paul Elkin, John G. Zekan, William B. Rossman, Charleston, and H. H. Howell, Madison.

LOGAN (3)—Delegates, Harold Van Hoose, Paul A. Keeney, Man, and Mark S. Spurlock, Logan. Alternates, E. H. Starcher, J. L. Patterson, Logan, and Erwin R. Chillag, Holden.

MARION (4)—Delegates, Jack C. Morgan, William T. Lawson, S. W. Parks, and George T. Evans, Fairmont. Alternates, J. T. Mallamo, F. W. Mallamo, L. E. Baron, and Edward Vacheresse, Jr., Fairmont.

MARSHALL (2)—Delegates, William P. Bradford and Harold B. Ashworth, Moundsville. Alternates, D. L. Ealy and David E. Yoho, Moundsville.

MASON (2)—Delegates, Calvin G. Maloney and Jess Stewart Lloyd, Pt. Pleasant. Alternates, Carl W. Thompson and Dan Glassman, Pt. Pleasant.

McDOWELL (4)—Delegates, F. L. Johnston, Ray E. Burger, R. H. Edwards, Welch, and N. F. Coulon, Gary. Alternates, Richard O. Gale, W. R. Counts, Welch, A. A. Carr, War, and E. D. Gibson, Iaeger.

MERCER (4)—Delegates, John J. Mahood, W. H. St. Clair, Jr., Upshur Higginbotham, Bluefield, and L. J. Pace, Princeton. Alternates, C. R. Hughes, Sam Milchin, George E. Snider, Bluefield, and G. L. Todd, Jr., Princeton.

MINGO (3)—Delegates, J. C. Lawson, H. C. Hays, and Russell A. Salton, Williamson. Alternates, Frank J. Burian, A. H. Henderson, Jr., Williamson, and Robert S. Clarke, Jr., Stone, Kentucky.

MONONGALIA (4)—Delegates, Robert J. Fleming, Maynard P. Pride, Clark K. Sleeth, and E. B. Tucker, Morgantown. Alternates, W. E. King, E. F. Heiskell, Jr., and Robert J. Nottingham, Morgantown.

OHIO (6)—Delegates, George L. Armbrecht, Charles H. Hiles, D. E. Greeneltch, H. R. Sauder, R. U. Drinkard, Jr., and W. E. McNamara, Jr., Wheeling. Alternates, J. K. Stewart, A. K. Butler, W. C. D. McCuskey, James E. Spargo, A. L. Wanner, R. D. Gill, M. B. Williams, E. N. Pell, and H. G. Weiler, Wheeling.

PARKERSBURG ACADEMY (5)—Delegates, W. E. Gilmore, Richard W. Corbitt, S. William Goff, John H. Gile, Parkersburg, and Richard Hamilton, St. Marys. Alternates, Logan W. Hovis, O. H. Brundage, Delmer J. Brown, Charles L. Goodhand, and F. L. Blair, Parkersburg.

POTOMAC VALLEY (3)—Delegates, Paul T. Healy, Keyser, V. L. Dyer, Petersburg, and P. R. Wilson, Piedmont. Alternates, Charles J. Sites, Franklin, M. F. Townsend, Petersburg, and Gerald E. Hartle, Moorefield.

PRESTON (2)—Delegates, J. C. Arnett, Rowlesburg, and Donald P. Brown, Kingwood. Alternates, M. Dorcas Clark, Terra Alta, and J. F. Lehman, Kingwood.

RALEIGH (5)—Delegates, C. W. Merritt, W. Fred Richmond, Everett B. Wray, John A. Hedrick, and Julian R. Lewin, Beckley. Alternates, G. C. Hedrick, Jr., Clark Kessel, R. E. Wilcox, and B. B. Richmond, Beckley.

SUMMERS (2)—Delegates, J. W. Hesen, Jr. and B. W. McNeer, Hinton. Alternates, Jack D. Woodrum and Jesse T. Johnson, Hinton.

TAYLOR (2)—Delegates, Paul P. Warden and Charles A. Haislip, Grafton. Alternates, R. D. Stout and Herbert N. Shanes, Grafton.

WETZEL (2)—Delegates, Charles P. Watson, Jr., and Kent M. Hornbrook, New Martinsville. Alternates, E. LeMoyne Coffield and Terrell Coffield, New Martinsville.

WYOMING (2)—Delegates, George F. Fordham and Ward Wylie, Mullens. Alternates, E. M. Wilkinson, Pineville, and D. H. Williams, Itmann.

Official Program

WOMAN'S AUXILIARY

to the

West Virginia State Medical Association

32nd Annual Meeting

The Greenbrier
White Sulphur Springs
Aug. 23-25, 1956

THEME: "BETTER HEALTH THROUGH KNOWLEDGE AND COOPERATION"

WEDNESDAY EVENING

August 22

8:00—Pre-convention meeting of Executive Board, Mrs. Paul P. Warden, President, *presiding* (Pierce Room).

9:00—Open Medico-Legal Meeting. William L. Cooke, M. D., *presiding* (Fillmore and Van Buren Rooms).

Addresses by Former Governor Homer A. Holt and Dr. Walter E. Vest to be followed by panel discussion. All Auxiliary members are invited and urged to attend.

10:00-12:00—Dancing in the Ballroom.

THURSDAY MORNING

August 23

10:00—Formal Opening of Convention, Mrs. Paul P. Warden, President, *presiding* (Fillmore and Van Buren Rooms).

Invocation and Pledge of Loyalty.
Introduction of Honored Guests.

Presentation of Convention Chairman, Mrs. Charles A. Haislip.

Presentation of Assistant Convention Chairman, Mrs. Hubert A. Shaffer.

Roll Call of Delegates—Mrs. C. Stafford Clay.

In Memoriam—Mrs. James A. Heckman.

Acceptance of Convention Program.
Rules of Procedure—Mrs. J. Preston Lilly.

Address: Mrs. Mason G. Lawson, Immediate Past President, Woman's Auxiliary to the American Medical Association.

Treasurer's Report—Mrs. George Miyakawa.

Recommendations from the Pre-Convention Board Meeting.

Announcements and Reports of the Convention Committees:
Resolutions—Mrs. Wm. A. Thornhill, Jr.
Revisions—Mrs. Ross P. Daniel.
Finance—Mrs. H. E. Beard.
Credentials and Registration — Mrs. R. D. Stout.

Reports of County Presidents:

North Central Region:
Central West Virginia—Mrs. George T. Hoylman.
Hancock—Mrs. Ray Greco.
Ohio—Mrs. George R. Clark.

Southern Region:
Fayette—Mrs. Charles E. Watkins.
Greenbrier Valley—Mrs. E. J. Morhous.
Kanawha—Mrs. J. T. Jarrett.
McDowell—Mrs. O. E. Linkous, Jr.
Mercer—Mrs. V. L. Kelly.
Raleigh—Mrs. G. C. Hedrick, Jr.
Summers—Mrs. A. W. Holmes.
Wyoming—Mrs. George F. Fordham.

Reports of Officers**
President—Mrs. Paul P. Warden.
President Elect—Mrs. J. E. Spargo, Jr.
First Vice President—Mrs. George T. Evans.
Second Vice President—Mrs. A. J. Villani.
Third Vice President—Mrs. Lynwood D. Zinn.
Fourth Vice President—Mrs. John F. Morris.
Treasurer—Mrs. George Miyakawa.
Recording Secretary—Mrs. C. Stafford Clay.
Corresponding Secretary—Mrs. R. D. Stout.
Parliamentarian—Mrs. J. Preston Lilly.

Reports of Standing Committees**
Archives—Mrs. A. B. Bowyer.
County Achievement—Mrs. Ray Burger.
Finance—Mrs. H. E. Beard.
Historian—Mrs. John F. McCuskey.
Legislation—Mrs. J. C. Huffman.
Members-at-Large—Mrs. Carl Thompson.
National Bulletin—Mrs. C. R. Davisson.
Organization—Mrs. J. E. Spargo, Jr.
Press and Publicity—Mrs. J. Paul Aliff.
Program—Mrs. Julian R. Lewin.
Public Relations—Mrs. Hu C. Myers and Mrs. B. W. McNeer.
Revisions—Mrs. Ross P. Daniel.
Southern Medical Councillor—Mrs. Samuel S. Depuy.
Speakers Bureau—Mrs. W. R. McCune.
Editor, State News Bulletin—Mrs. Clark Sleeth.
Today's Health—Mrs. R. R. Pittman.

Reports of Special Committees**
Convention—Mrs. Charles A. Haislip and Mrs. Hubert A. Shaffer.
A.M.E.F.—Mrs. George A. Curry.
Civil Defense—Mrs. M. H. Maxwell.
Necrology—Mrs. James A. Heckman.
Nurse Recruitment—Mrs. T. W. Heironimus, Jr.
Mental Health—Mrs. James E. McClung.
Assistant Editor, State News Bulletin—Mrs. R. K. Hanifan.
Circulation Manager, State News Bulletin—Mrs. Herbert Shanes.
Nutrition—Mrs. Marion F. Jarrett.

Announcements.

THURSDAY AFTERNOON

2:30—Teen-Age Get-Acquainted Party, followed by swimming.

Visit the Exhibits. Auditorium open until 5 o'clock.

**All reports of officers, standing and special committee chairmen appear in the Annual Reports Book, available at the registration desk (By-Laws, Article VII, Section 9).

THURSDAY EVENING

9:00—First Meeting, House of Delegates, West Virginia State Medical Association. Presidential Address by Athey R. Lutz, M. D.

9:30-11:30—Bridge Party, Trellis Room.

10:00-12:00—Dancing in the Ballroom.

FRIDAY MORNING

August 24

8:00—Past President's Breakfast, Mrs. J. Preston Lilly, Immediate Past President, *presiding.*

10:00—General Session, Mrs. Paul P. Warden, President, *presiding* (Fillmore and Van Buren Rooms).

Invocation and Pledge of Loyalty.

Introduction of Honored Guests.

Roll Call of Delegates—Mrs. C. Stafford Clay.

Report of Reading Committee—Mrs. George T. Evans.

Convention Announcements—Mrs. Charles A. Haislip.

Address: Mrs. John J. O'Connell, President, Woman's Auxiliary to Southern Medical Association.

Reports of County Presidents:

Eastern Region:
- Barbour-Randolph-Tucker—Mrs. James R. Woodford.
- Eastern Panhandle—Mrs. John H. Kilmer.
- Harrison—Mrs. Joseph Gilman.
- Marion—Mrs. Carter Cort.
- Monongalia—Mrs. R. J. Nottingham
- Potomac Valley—Mrs. M. F. Townsend.
- Preston—Mrs. C. Y. Moser.
- Taylor—Mrs. T. W. Heironimus, Jr.

Western Region:
- Boone—Mrs. J. M. Scott.
- Cabell—Mrs. C. Stafford Clay.
- Logan—Mrs. E. R. Chillag.
- Mason—Mrs. C. G. Maloney.
- Mingo—Mrs. A. H. Henderson, Jr.
- Wood—Mrs. Thomas L. Harris.

Reports of Convention Committees:
- County Achievements—Mrs. Ray Burger.
- Convention Courtesy Resolutions—Mrs. A. J. Villani.
- Credentials and Registration—Mrs. R. D. Stout.

Presentation of Charter to the Mason Auxiliary —Mrs. J. E. Spargo, Jr.

Unfinished Business.

New Business and Announcements.

Report of Nominating Committee—Mrs. J. Preston Lilly.

Election of Officers.

Installation of Officers—Mrs. Mason G. Lawson.

Presentation of President's Pin and Gavel—Mrs. Paul P. Warden.

Presentation of Past President's Pin—Mrs. J. Preston Lilly.

Inaugural Address—Mrs. J. E. Spargo, Jr.

Adjournment.

FRIDAY AFTERNOON

3:00—Exhibition Swimming and Water Ballet, Dolphin Club of West Virginia University (Greenbrier Outdoor Pool).

Visit the Exhibits. Auditorium open until 5 o'clock.

FRIDAY EVENING

10:00—Entertainment in Ballroom:
Mr. Clyde Berkerbile, amateur magician.
Mr. George Tonak, pianist-comedian.

11:00—Dancing in the Ballroom.

SATURDAY MORNING

August 25

10:00—Post-Convention Conference. Mrs. J. E. Spargo, Jr., President, *presiding* (Fillmore Room).

SATURDAY AFTERNOON

Swimming in the new outdoor pool.

Technical and scientific exhibits open until three o'clock.

SATURDAY EVENING

6:30-7:30—Cocktail Party. Dr. and Mrs. Athey R. Lutz will entertain members of the State Medical Association, Auxiliary and guests.

10:00—Dancing in the Ballroom.

SCIENTIFIC EXHIBITS

(Auditorium and Foyer)

ADMISSION CHEST X-RAYS IN A GENERAL HOSPITAL AND COBALT-60 TELETHERAPY

Auditorium Foyer

Study of admission chest x-rays in a 106-bed general hospital, including survey films of outpatients, employees of the hospital and clinic, and surveys of students at Alderson-Broaddus College Department of Nursing. The problems and advantages of such chest survey studies in a general hospital will be presented. The exhibit will also deal with experiences with cobalt-60 teletherapy in the treatment of cancer by external radiation.

Karl J. Myers, M. D.

AMERICAN CANCER SOCIETY, INC.

Booth 42

The American Cancer Society will present an exhibit dealing for the most part with the international classification of uterine cancer translated into color plates illustrating the clinical picture, biopsy, and vaginal smears in "not normal but malignant" lesions, and "not normal but benign" lesions. The problem of cancer of the cervical stump is graphically depicted. The side panels outline the statistical aspects of the problem, and the etiological factors, diagnosis and treatment of uterine cancer.

J. L. Patterson, M. D.

ANALYSIS OF RESULTS OF ARTERIAL GRAFTING (The Cleveland Clinic)

Auditorium Foyer

The exhibit consists of four illuminated panels indicating the clinical picture of arteriosclerosis obliterans, its diagnosis by means of angiography, some illustrative surgical photographs and an illustration of the arterial bank that is used in the preservation of the grafts. In addition, there is a panel indicating the results of approximately 180 grafts done to date with a follow-up which is current.

Drs. A. W. Humphries, Victor deWolfe and Fay LeFevre.

CEREBRAL ANGIOGRAPHY

Booth 21

Drs. Joel Allen and C. M. Caudill.

THE ROLE OF THE GP IN THE TREATMENT OF MENTAL ILLNESS

Booth 12

The Section on Neurology, Neurosurgery and Psychiatry will present an exhibit concerning "The Role of the General Practitioner in the Treatment of Mental Illness With A Selected Bibliography For Use By The Family Physician." The exhibit was prepared by Dr. Claude E. Forkner. "The family doctor often has a greater opportunity in helping patients maintain mental health than does the psychiatrist." Appel, K. E. and Scheflen, A., J.A.M.A. 159-1278.

Hiram W. Davis, M. D.

STATE DEPARTMENT OF HEALTH

Auditorium Foyer

The West Virginia State Health Department will present an exhibit, "75 Years of Public Health in West Virginia . . . 1881-1956".

N. H. Dyer, M. D., Director.

THE CONSERVATIVE TREATMENT OF CLUB FEET

Booth 29

This exhibit emphasizes the importance of early conductive treatment of all club feet. Surgery is rarely indicated but when performed should be done under direct vision. The concept of multiple castings is never interrupted until adequate over correction is obtained and maintained with Denis Browne splints followed in each case.

Drs. William M. Deyerle and Carl J. Roncaglione.

THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS

Booths 45 and 46

"Evaluation of Poliomyelitis Vaccine," Hart E. Van Riper, M. D., Medical Director. This exhibit portrays by means of photos, graphs, charts and tables the United States Public Health reports of summer studies from 33 states and evaluation of vaccine effectiveness in Massachusetts in support of the Francis report of April 12, 1955 that poliomyelitis vaccines are both safe and effective against all three types of poliomyelitis virus. Reports indicate the vaccine appeared to be 60 per cent effective in preventing paralytic polio of Type I virus origin, and 53 per cent effective in preventing both paralytic and non-paralytic cases.

Herbert T. Wagner, M. D., and Miss Ruth Austin.

THE NATIONAL INSTITUTES OF HEALTH

Booths 26, 27 and 28

Vaginal Cytology—This exhibit shows the importance of the cell-examination test for uterine cancer as a diagnostic aid in routine office practice. Results of a mass screening project in Memphis and Shelby County, Tennessee, are reported. The aspiration method of taking a vaginal smear is illustrated.

A Comprehensive Attack on Cerebral Palsy—This exhibit was prepared by the National Institute of Neurological Diseases and Blindness, National Institutes of Health, Public Health Service, Department of Health, Education, and Welfare with the collaboration

of the Departments of Obstetrics and Neurology of Johns Hopkins University Medical School and Hospital. It attempts to show the collaborative process of field investigations to be conducted by this Institute in the future.

Willard W. Maginnis.

SAFETY IN OPERATIONS FOR MITRAL STENOSIS

Booth 13

This exhibit will show special techniques for handling various aspects of the pathology. Nine panels included in the exhibit are entitled: (1) Prevention of cerebral emboli, (2) Maneuver for extraction of clot from left atrium, (3) Use of graduated knives, (4) Treatment of subvalvular stenosis, (5) Treatment of severed chordae, (6) Treatment of atrial appendage tears, (7) Nichols operation for undiagnosed regurgitation, (8) Results: 203 cases from left lateral approach with mortality of 14 cases—less than 7 per cent, and (9) Panel—knives for mitral stenosis in historical order of their evolution.

W. L. Jamison, M. D.

DIVISION OF VOCATIONAL REHABILITATION

Booth 43

The West Virginia Rehabilitation Division will present a display explaining each phase of the new law on vocational rehabilitation, Public Law No. 565. The exhibit is divided into panels which explain the following phases of the new law: (1) sets forth the goal for rehabilitation, (2) tells about new facilities that can be established, (3) reviews teaching grants, traineeships, and research and demonstrations possible, (4) explains rehabilitation services available, (5) tells about community opportunity, and (6) explains in brief the new grant system under the law.

F. Ray Power, Director.

WEST VIRGINIA CANCER SOCIETY, INC.

Booths 35 and 36

"Carcinoma of the Stomach, Early Diagnosis"—This exhibit will emphasize early symptoms of carcinoma of the stomach as obtained from the records of the tumor clinic of Broaddus Hospital. In the past two decades many surgeons have reported high five-year salvage rates from resection of the stomach for carcinoma, yet the national mortality rate from this disease has decreased little. The chief reason for the high mortality rate is late diagnosis. This exhibit will stress the role of the general practitioner in helping control this disease.

Hu C. Myers, M. D.

WEST VIRGINIA TUBERCULOSIS AND HEALTH ASSOCIATION

Booth 5

The West Virginia Tuberculosis and Health Association will present an exhibit, "Missed Diagnoses." This is a new exhibit prepared by the National Tuberculosis Association and the American Trudeau Society, and presents the history of three actual cases of missed diagnoses involving unusual situations. The viewer may check the accuracy of his own diagnosis by lifting the lid of a shelf attached to each "case history"; as the lid is lifted, the correct answer lights up.

Thomas A. Deveny, Jr., Executive Director.

WVU SCHOOL OF MEDICINE

Booth 40

The WVU School of Medicine exhibit will feature a large scale model of the new University Medical Center, including the Basic Sciences Building and the University Hospital. The Basic Sciences Building is now under construction and will house the Pre-Clinical Department of Medicine as well as the entire Schools of Dentistry, Pharmacy and Nursing. The Hospital will attach directly onto the Basic Sciences Building for four floors and then rise on up for another six floors. On these first four floors of the hospital will be found the Out-Patient Department, Clinical Laboratories, Radiology and Surgery. The principal patient areas of the Hospital will be in the upper floors. Also included in the exhibit are placards which show the floor plan details of the Basic Sciences Building. They show primarily the room arrangement on each floor and give a comprehensive idea as to what is actually included in this building.

Drs. E. J. Van Liere, M. L. Hobbs, J. J. Lawless, C. K. Sleeth and R. F. Krause.

TECHNICAL EXHIBITS

(Auditorium)

ABBOTT LABORATORIES
North Chicago, Ill.

Booth 19

A new non-barbiturate hypnotic, Placidyl, (Ethchlorvynol, Abbott) will be among the new products exhibited by Abbott Laboratories. Also shown will be Nembu-Serpin Filmtabs, (Nembutal and reserpine, Abbott), a new sedative, tranquilizer and antihypertensive; Desbutal, a new mood-improvement drug; and Erythrocin (R) Filmtabs (Erythromycin, Abbott), an antibiotic providing specific action against coccic infections and minimal risk of side effects. Abbott will also exhibit Iberol Filmtabs containing intrinsic factor concentrate, B_{12}, iron, and other vitamins; Optilets, high potency therapeutic multivitamins; Vi-Daylin, a homogenized mixture of seven vitamins; Selsun, for control of seborrheic dermatitis; Pentothal Sodium, the intravenous anesthetic agent, and Abbott's complete line of intravenous solutions and equipment.

AYERST LABORATORIES
New York City

Booth 52

You are cordially invited to visit booth No. 52 where the Ayerst representatives will be on hand to welcome you and to discuss any Ayerst specialties in which you may be interested.

Representatives: V. W. Lesure and R. L. Knight.

BAKER LABORATORIES, INC.
Cleveland, Ohio

Booth 16

You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display. Baker representatives will be glad to discuss the practical application of Grade A milk, adjusted fat composition, zero curd tension, synthetic vitamins and other important factors which help to eliminate many of the problems in modern infant feeding.

Representatives: R. J. Porter and C. W. Mathias.

BLUE SHIELD PLANS OF BLUEFIELD, CHARLESTON, HUNTINGTON, PARKERSBURG AND WHEELING

Booth 6

Blue Shield—the doctors' sponsored plan for surgical-medical care will present your own photo album, "You've Got It All Over The Good Old Days." Directors of five Blue Shield Plans in the state will be at the booth to discuss with physicians the facts and fundamentals concerning their Blue Shield Plan:

Representatives: John Hart, J. H. Mathewson, William Morel, William McCue and Ray Wyland.

BRISTOL-MYERS PRODUCTS DIVISION
New York City

Booth 3

Please stop by for information on new product developments, and for a personal supply of BUFFERIN—the faster acting, better tolerated salicylate; AMMENS Medicated Powder—an unusually fine blend of zinc oxide, boric acid, talc and hydroxyquinolin in a cornstarch base; and other Bristol-Myers' products.

Representative: Lou D. Chisholm.

THE BUCKEYE UNION CASUALTY COMPANY
Columbus, Ohio

Booth 22

Physicians are cordially invited to visit the Buckeye Union booth where a representative will be glad to discuss Malpractice Insurance coverage which is available to members of the West Viginia State Medical Association through the Buckeye Union Casualty Company. The policy covers errors, malpractice or mistakes in the rendering of professional services. Included are payments for investigations and legal assistance whether the claim be fraudulent or not.

Representative: William F. Frantz.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, New York

Booth 32

The extensive research facilities of Burroughs Wellcome & Company, both here and in other countries, are directed to the development of improved therapeutic agents and techniques. Through such research Burroughs Wellcome & Company has made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic, and antinauseant drugs. An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.

Representatives: R. D. Dawson, F. D. Loyd, H. F. Niemeyer and F. R. Baumler.

CIBA PHARMACEUTICAL PRODUCTS, INC.
Summit, New Jersey

Booth 48

Ciba is featuring Ritalin, a new mild stimulant antidepressant. Ritalin raises depressed patients to normal levels of psychomotor activity without amphetamine-like overstimulation or depressive rebound. Representatives will be present to answer queries on this very effective agent.

Representatives: Karl F. H. Buetzow, Marvin Ballengee, Sidney H. Williams, Jr., and Robert O. Higham.

THE COCA-COLA COMPANY
Atlanta, Georgia

Booth 58

Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company of Clifton Forge, Inc., and the Coca-Cola Bottling Company.

CORECO RESEARCH CORPORATION
New York City

Booth 11

The Coreco Camera is designed to photograph all surface areas of the body—from 1-to-1 close-up pictures to half-body size—and all cavities of the human body, such as mouth, throat, ear, nose, vagina, and rectum. The camera carries its own specially developed, fully color corrected bulb and a mechanism for complete control of its color temperature and exposure within the camera itself. There is an automatic view finder synchronized with the automatic camera mechanism to permit viewing until a fraction of a second before exposure. The camera provides for automatic focusing.

Representative: William Zimmerman.

DESITIN CHEMICAL COMPANY
Providence, Rhode Island

Booth 10

Desitin Ointment is the pioneer in external cod liver oil therapy. Indications are diaper rash, slow-healing wounds, burns of all degrees, lacerations, hemorrhoids, and fissures. Desitin Powder is a unique, dainty medicinal powder saturated with cod liver oil. Desitin Hemorrhoidal Suppositories with Cod Liver Oil coats anorectal area with soothing, lubricating cod liver oil, gives prompt relief of pain, allays itching. Desitin Lotion, the original cod liver oil lotion, soothing, protective, mildly astringent, and healing, is indicated in nonspecific dermatitis, pruritis, poison ivy, etc.

Representative: Jack Dinin.

DOHO CHEMICAL CORPORATION
New York City

Booth 1

Doho Chemical Corporation is pleased to exhibit Auralgan, the ear medication for the relief of pain of otitis media and removal of cerumen; new otosmosan, the effective, nontoxic ear medication which is fungicidal and bactericidal (gram-negative, gram-positive) in the suppurative and aural dermatomycotic ears; Rhinalgan, the nasal decongestant which is free from systemic or circulatory effect and equally safe to use on infants as well as the aged. Mallon Chemical Corporation, subsidiary of the Doho Chemical Corporation, is also featuring Rectalgan, the liquid topical anesthesia, also for relief of pain and discomfiture in hemorrhoids, pruritus, and perineal suturing; Dermoplast, in an aerosol freon propellent spray for fast relief of surface pain, itching, burns, and abrasions, also for obstetric and gynecologic use.

Representative: Clyde Berkerbile.

EATON LABORATORIES
Norwich, New York

Booth 8

For the treatment of Trichomonas vaginalis viginitis and the accompanying secondary bacterial infections, Tricofuron (T.M.) Vaginal Suppositories and Powder are now available. The latest clinical data on Furadantin we have in the form of tablets and as Furadantin Oral Suspension in treating urinary tract infections and prostatitis will be available.

Representatives: John Shults, F. A. Nesbitt and Thomas Haught.

H. G. FISCHER & COMPANY
Franklin Park, Illinois

Booth 44

The H. G. Fischer & Company will feature the latest models of Modern X-Ray Machines, F.C.C. approved Ultrasonic Generators, Short Wave Diathermy Units and Low Voltage Generators, all of highest quality materials and construction. Representatives in attendance will welcome an opportunity to give demonstrations and quote today's low prices. Your visit will be appreciated.

Representatives: R. E. Phillips, W. W. McDougal, R. E. Duncan and C. A. Spees.

GENERAL ELECTRIC X-RAY DEPARTMENT
Charleston, W. Va.

Booths 50 and 51

The General Electric X-Ray exhibit will feature the new low-cost 200 ma diagnostic equipment that has just been announced to the medical profession.

Representatives: G. M. Cooper and John Garber.

HOLLAND-RANTOS COMPANY, INC.
New York City

Booth 30

Physicians interested in medical contraception are invited to discuss with Holland-Rantos representatives latest information on laboratory and clinical data concerning efficacy of Kromex products. Also featured will be the trichomonacidal, fungicidal and bactericidal Nylmerate Jelly and Solution Concentrate for vaginal treatment and the new Hollandex Silicone Skin Ointment with natural vitamins A and D.

Representatives: William J. Scarlet and William H. Smith.

KLOMAN INSTRUMENT COMPANY
Charleston, W. Va.

Booth 49

Representatives at the exhibit presented by the Kloman Instrument Company will display such items as the Ultrasonic Unit, Castle Speedclave, and other instruments and diagnostic equipment.

Representatives: Robert Frazier, Robert Thacker, Robert Jenkins and Robert White.

LEDERLE LABORATORIES DIVISION
Pearl River, New York

Booth 57

You are cordially invited to visit the Lederle booth where our medical representatives will be in attendance to provide the latest information and literature available on our line. Featured will be Achromycin, Diamox, Vitamins, Pathilon, Varidase and many other of our dependable quality products.

ELI LILLY AND COMPANY
Indianapolis, Indiana

Booth 53

You are cordially invited to visit the Lilly exhibit located in space No. 53. The display will contain information on recent therapeutic developments. Lilly sales people will be in attendance. They welcome your questions about Lilly products.

Representatives: R. B. Parker, W. E. Baldwin and S. H. Meyer.

McLAIN SURGICAL SUPPLY, INC.
Wheeling, W. Va.

Booth 17

Our representatives will display for demonstration the following: the new Birtcher Ultrasound, new Birtcher Muscle Stimulator, new Burdick EKG, new Bausch & Lomb Colorimeter, Welch-Allyn & National Diagnostic lines, Autoclaves, instruments and many other new and interesting items.

Representatives: Jack Schwarz, Dick Hightower and Carl Cline.

MEAD JOHNSON & COMPANY
Evansville, Indiana

Booth 47

The new Deca vitamin family for the vital first decade of life will be exhibited by Mead Johnson & Company in booth No. 47. Included in the new Deca family of vitamin specialties are: Deca-Vi-Sol, for dropper dosage, a fruit flavored solution for infants and toddlers; Deca-Mulcin, for teaspoon dosage, a pleasantly-flavored liquid for preschool children of 2 to 6 years; and Deca-Vi-Caps, small easily swallowed capsules, for schoolagers of 6 to 10 years. All three Deca Vitamin specialties supply 10 nutriationally significant vitamins including A, C, and D, plus 7 important B vitamins.

Representatives: William C. Thomas and Allison P. Palmer, Jr.

MEDCO ELECTRONICS COMPANY, INC
Tulsa, Oklahoma

Booth 39

The makers of Medcolator proudly display at your convention the 3-Way Medco-Sonlator. Offering: electrical muscle stimulation and ultra-sound stimultaneously through a single three-way applicator; the popular Medcolator for electrical stimulation and ultrasound for mechanical stimulation, producing structural heating—all in one compact unit.

Representative: W. T. Evans.

MEDICAL ARTS SUPPLY COMPANY
Huntington, W. Va.

Booth 24

The Medical Arts Supply Company cordially invites you to visit their booth which will feature new items from its various departments. Physio-Therapy and diagnostic equipment, together with surgical instruments, examining room and laboratory supplies, and pharmaceuticals will be on display.

Representatives: Paul Burk and Dan Patton.

MERCK SHARP & DOHME
Philadelphia, Pa.

Booth 34

The Merck Sharp & Dohme exhibit presents 'Co-Deltra' and 'Co-Hydeltra', specifically designed to provide all the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress. Related adrenal cortical steroid preparations in endocrine disorders, collagen diseases, respiratory allergies, eye diseases and skin conditions are also highlighted. 'Cathomycin', a new and potent antibacterial agent of great clinical significance, will be of interest. 'Cathomycin' has been proved highly efficient in its action against Straphylococci and some strains of Proteus vulgaris resistant to all other known antibiotics. Expertly trained personnel will be pleased to discuss new dosage forms, new indications, and the latest summaries of advanced clinical reports in these fields.

Representatives: M. S. Robertson, Carl Hovey and A. L. Barnum.

MILEX PRODUCTS
Chicago, Illinois

Booth 2

MILLER SURGICAL COMPANY
Chicago, Illinois

Booth 7

See the Miller explosion proof Gorsch Operating Rectoscopes with attached tubes for insufflation of carbon dioxide to prevent intrabowel explosions during electrosurgery. The popular Miller Electro-Surgical Units with Snares, suction-coagulation attachments, forceps and other special accessories will also be featured as well as our illuminated otoscopes, ophthalmoscope, eyespud with magnet, transillumination lamps, Lempert-type headlite, vaginal speculum with smoke ejector and Grosch stainless steel proctoscopes with magnification.

Representative: William E. Mettler.

ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey

Booth 41

Ortho cordially invites you to booth 41. Obstetrical and gynecological pharmaceuticals will be featured.

Tritheon Aminitrozole Tablets for the oral treatment of trichomoniasis in the male and female will be given particular emphasis. Ortho representatives will gladly discuss this product with you.

Representatives: Charles E. Walters, Jr., and Maynard L. Inman.

PFIZER LABORATORIES
Brooklyn, New York

Booth 14

The Pfizer exhibit again will be in the spotlight with its new and original concept of anti-stress, anti-infective therapy—Tetracyn S.F. and Terramycin S.F. (Stress Fortified). Also, the complete line of Pfizer antibiotics and Steraject as well as the new specialties, Bonamine, Tyzine, Toclase and the complete line of Steriod hormones including Cortril and the latest corticosteriod Sterane (brand of prednisolone).

Representatives: Edward Powell, Lawrence Crawford and Morris Fox.

PICKER X-RAY CORPORATION
White Plains, New York

Booth 4

"Dial-the-Part" automation distinguishes the new Picker Anatomatic Century II x-ray unit. Simple to use, it eliminates the need for technic charts or manual setting of separate technic factors. The operator merely "dials" the body part, makes a simple thickness-of-part setting, and pushes a button for the exposure. Coupled with this control is a new full-size motor-driven table with a single x-ray tube quickly changed over from fluoroscopy to radiography.

Representatives: William B. Morell, Daniel H. Youngs, Herbert E. Fox, and Frank W. Sullivan.

WM. P. POYTHRESS & COMPANY, INC.
Richmond, Virginia

Booth 18

The mild sedative, Solfoton, in tablet and capsule form, will be featured at the Poythress exhibit. Information and professional samples on all Poythress specialties—including the antiasthmatic, Mudrane, the local analgesic, Panalgesic, and the antispasmodic, Trocinate—will be made available to physicians attending the meeting.

Representative: George Ingram.

A. H. ROBINS COMPANY, INC.
Richmond, Virginia

Booth 59

Physicians attending the meeting of the W. Va. State Medical Association are extended a cordial invitation to visit the exhibit of the products of the A. H. Robins Company. Experienced medical representatives will be in attendance to welcome you and answer inquiries relative to any of Robins' prescription specialties.

Representatives: M. D. Calfee and J. E. Brown.

J. B. ROERIG AND COMPANY
Chicago, Illinois

Booth 9

J. B. Roerig and Company will highlight Atarax, the new "Piece of Mind" drug. It's an all new chemical and is considered an achievement in the quest for a better ataraxic. Atarax is particularly indicated for the "more normal" person and brings relief from common everyday anxieties and annoyances. It is quick acting yet requires low mg. dosage; does not disturb the mental acuity of the patient and has virtually no known side effects. Literature and samples available at the booth, which you and your friends are cordially invited to visit.

ROSS LABORATORIES
Columbus, Ohio

Booth 23

Ross Laboratories: Current concepts in infant feeding stress the critical aspects of preventive care. Visit our booth at your convenience; your Similac representative will be happy to discuss the physiologic role of Similac Powder and Similac Liquid in providing good growth, sound development, and optimum clinical benefits. Reprints of current pediatric investigations and the latest Ross Research Conference Reports are available.

Representatives: Pete English, Bill Mathot and Ed Rader.

W. B. SAUNDERS COMPANY
Philadelphia, Pa.

Booth 33

Among Saunders newest titles of particular interest to clinical physicians are: Gross & Jezer: Cardiac Therapy; Fluhmann: Menstrual Disorders; Diggs: Hematology; Haagensen: Diseases of the Breast; Major & Delp: Physical Diagnosis; Meschan: Clinical X-Ray Diagnosis; Pillsbury, et al: Dermatology; Frederick and Towner: Office Assistant; and Sadove & Cross; Recovery Room. These were all published within the last six months; they are good.

Representative: Hugh J. McGinn.

SCHERING CORPORATION
Bloomfield, New Jersey

Booth 55

A cordial invitation is extended to the members of the West Virginia State Medical Association to visit the Schering exhibit, Booth No. 55. The entire exhibit will be devoted to Meticorten and Meticortelone, the new corticosteroids for the treatment of rheumatoid arthritic, intractable asthma and other so-called collagen diseases. Extensive clinical and laboratory data demonstrating certain advantages of these new steroids over cortisone and hydrocortisone are shown.

Representatives: Donald Rush and Brewster Robertson.

E. R. SQUIBB & SONS
New York City

Booth 56

E. R. Squibb & Sons has long been a leader in development of new therapeutic agents for prevention and treatment of disease. The results of our diligent research are available to the Medical Profession in new products or improvements in products already marketed. At booth 56, we are pleased to present up-to-date information on these advances for your consideration.

Representatives: John Kenny, B. E. Dickinson, J. D. Coyner and J. M. Cothern.

STATE MEDICAL ASSOCIATION'S GROUP DISABILITY INSURANCE PROGRAM

Booth 37

The administrator of the Group Disability Insurance Program will provide a brochure describing the plan of the West Virginia State Medical Association Group Health and Accident Insurance Program to visitors at the booth. The fundamental advantage of the group insurance plan is service here in West Virginia. This is an opportunity to meet the administrator—he is the man who will pay your claim.

Representatives: J. Banks Shepherd and Robert E. Wise.

THE STUART COMPANY
Chicago, Illinois

Booth 54

Your local Stuart representatives issue a cordial invitation to visit their booth. You will find the Stuart sales people very willing to discuss any matters pertaining to the Stuart line.

Representatives: Pat H. Vernon and John Bushkar.

THE UPJOHN COMPANY
Kalamazoo, Michigan

Booth 31

The Upjohn Company invites you to visit booth 31 where representatives will be pleased to discuss subjects of mutual interest.

U. S. VITAMIN CORPORATION
New York City

Booth 25

The U. S. Vitamin Corporation exhibit features C.V.P., the original water soluble citrus bioffavonoid complex with ascorbic acid . . . for restoring and maintaining capillary integrity. Corrects or minimizes capillary abnormality or bleeding associated with diabetes, hypertension, epistaxis, purpura, gingivitis and certain forms of gastro-intestinal, rectal and vaginal bleeding. Effective in treating habitual and threatened abortion . . . and in minimizing bleeding in tonsillectomies and certain other surgical procedures. Professional samples and literature distributed on our complete line of nutritional and pharmaceutical specialties.

Representative: Herman Werder, Jr.

VANPELT & BROWN, INC.
Richmond, Virginia

Booth 15

VanPelt and Brown extend a cordial invitation to visit their exhibit where representatives will be happy to answer questions and supply clinical samples of their products.

Representatives: E. B. Fensom and T. J. Bennett.

WARNER-CHILCOTT LABORATORIES
New York City

Booth 38

A visit to the Warner-Chilcott booth will pay dividends, especially in the interests of your cardiovascular patients. The company is featuring two "clinically tested and proven agents": one to help you prevent attacks of angina pectoris; the other, the most potent drug currently available for reduction of blood pressure in hypertensive patients.

Representatives: Russell E. Lindermuth and Joseph B. Fallon.

THE MAX WOCHER & SON COMPANY
Cincinnati, Ohio

Booth 20

The Max Wocher & Son Company plans to display their most complete line of surgical instruments, both domestic and imported, together with many specialties for which they are well known, such as the Whirlwind Pump.

Representative: L. E. Boehme.

Annual Reports

Executive Secretary

Membership in the West Virginia State Medical Association totaled 1474 as of July 1, 1956. This is a gain of 10 members compared with July 1, 1956. The all-time high for membership on this date was reached in 1954, when there were 1475 members.

Honorary members total 149, and our records show that 14 members were in active service with our armed forces at the close of the fiscal year. This compares with 16 at the same time last year.

A total of 63 new members became affiliated with the State Medical Association during the year; however, we had a loss of 53 members, 24 by death and 29 by relocation outside the state.

No dues are assessed against honorary life members or those serving with our armed forces. Dues-paying members as of July 1 totaled 1311, as compared with 1290 at the same time last year.

It is gratifying to report that of the 1311 members who have paid state dues for the current year, 1288 or 98.24 per cent have also paid AMA dues. This is a slight increase over the 98 percent who paid AMA dues in 1955.

The membership by component societies as of July 1, 1956 follows:

Society	*Members*
Barbour-Randolph-Tucker	50
Boone	13
Brooke	7
Cabell	164
Central West Virginia	53
Eastern Panhandle	36
Fayette	30
Greenbrier Valley	32
Hancock	26
Harrison	76
Kanawha	292
Logan	36
Marion	57
Marshall	15
Mason	9
McDowell	51
Mercer	67
Mingo	28
Monongalia	53
Ohio	108
Parkersburg Academy	99
Potomac Valley	30
Preston	19
Raleigh	76
Summers	10
Taylor	10
Wetzel	13
Wyoming	14
Total	1,474

Participation in Association Programs

Between 650 and 700 members of the State Medical Association are now participating in the group health and accident program with the Continental Casualty Company, and probably 1150 members are active participants in the program with the Veterans Administration for home-town care of veterans.

Attendance at Meetings

Key committees of the Association have met frequently during the past year, such meetings being necessitated by press of important business. The attendance at all of these meetings has been unusually heavy, and chairmen have all expressed their appreciation of the interest taken by the members of the groups.

The Council has met at regular intervals, and there has been an almost 100 per cent attendance at all of the sessions. The report of the chairman, Dr. J. P. McMullen, which will be submitted to the House of Delegates at the annual meeting in August, will summarize the many important problems with which the members have been confronted during 1955-56.

It is frequently a hardship for members of the Council and various committees to attend called meetings. Wherever and whenever possible, the chairman issues calls well in advance of the dates of meetings. The fact that the members respond so willingly to the request of the chairman for a full attendance is an indication of continued interest in the affairs of the State Medical Association.

It has been my very great pleasure to accompany the president, Dr. Athey R. Lutz of Parkersburg, upon the occasion of his official visits to several of our component societies. He is thoroughly familiar with the problems of medicine and has cheerfully accepted all invitations extended to him to discuss matters of mutual interest with the members of the Association and Auxiliary and other groups.

The attendance at meetings of component groups has for the most part been satisfactory. The presentation of scientific papers by qualified speakers has served to attract physicians in general practice as well as those engaged in the practice of a particular specialty.

Exhibits at the Greenbrier

We are most happy to report a sharp increase in requests for space for scientific and technical exhibits at our annual meeting at the Greenbrier this year. Space for 45 technical exhibits was booked as of July 1. This is an increase of 10 over the total number of such exhibits at the meeting in 1955.

Many new and unusually interesting scientific exhibits will be presented. The entire floor space in the auditorium will be used, and it will be necessary to place some of the exhibits in the auditorium foyer.

We hope that members of the State Medical Association and Auxiliary who attend the annual meeting this year will visit all of the exhibits, both technical and scientific. The exhibitors who will be with us at White Sulphur are making a special effort to set up exhibits that will be interesting to all of our members and guests. In some cases, as many as four or five representatives will be present to meet our members and discuss the merits of the products that will be shown.

Convenient breaks in the scientific program have been arranged for each morning during the convention so that those attending general sessions in the theatre may visit the exhibits. In addition, personnel will be present at all exhibits during the noon hour and at all times during the afternoon while section and society meetings are in progress.

I feel sure that all of our members know that the success of any exhibit is based in a large measure upon the number of visitors at a booth. The registration at all of the exhibits last year was most satisfactory, and, with the large number of exhibits that will be shown this year, we are asking that a special effort be made to visit each booth in the auditorium and auditorium foyer.

Growth of the Journal

The West Virginia Medical Journal continues to grow, and the appearance of the advertising section has been improved by the addition of several pages of color during the year.

Sufficient scientific papers are being submitted to the Publication Committee to justify the use of four articles per issue. The committee would like very much to increase the number to five, and this will be done just as soon as the visible supply of scientific papers justifies the further expansion of the scientific section.

The news section is being enlarged issue by issue to balance increased advertising, and there has been an unusually gratifying response to the request we have made for more detailed reports from various society organizations and affiliated groups.

The average number of pages per issue in the past year has been 89, as compared with 87 during the preceding year.

The average number of pages of color advertising for the past 12 months has been 21, which is an increase of six pages per issue over the corresponding period last year.

Change in Journal Format

The change in format, strikingly reflected in the recent issues of the Journal, seems to have met with the general approval of the members of the State Medical Association, as well as our advertisers. The change which is being made gradually has almost been completed. The new front cover recently adopted will be used for the first time in August.

We are deeply indebted to the officials of Eli Lilly and Company, of Indianapolis, Indiana, for their kindness in making available to us the services of expert key personnel in the matter of a change in the cover of the Journal.

Cooperation of Officers and Members

The addition of another member to the staff has meant much to us here at the headquarters offices. William H. "Bill" Lively has rounded out his first year as assistant executive secretary, much of his time being spent as executive assistant to the managing editor and business manager of the Journal. With the assistance of the editor, Dr. Walter E. Vest, and the other members of the Publication Committee, we will continue to make every effort to publish a Journal that will be of interest to all of our readers, both as to appearance and quality of material used.

This report would not be complete without an expression of thanks to the many members of the State Medical Association and Auxiliary for valuable help in the work of our headquarters offices. The president and other officers, the chairman of the Council, and the chairmen and members of key committees have been tireless in their efforts to aid the headquarters staff in the important work that has been done during the past year.

The thanks of all of the members of the Association are due our advertisers, whose continued support makes it possible for us to print and distribute The West Virginia Medical Journal, copies of which go to practically every part of the world.

The president, secretary and treasurer of each of our 28 component societies have been called upon frequently for help in solving the many problems that always arise during the course of a year. Without a single exception, these faithful officials have responded to all of the calls made upon them. Especially is this true in connection with the big job of collecting local, state and AMA dues.

New Location in Atlas Building

As this report is being brought to a close the middle of July, the Council has authorized the relocation of our offices in the Atlas Building so as to provide additional office space. It is contemplated that the move to the fourth floor, directly over the present location, will be made the first of August, and we take this means of inviting all of the members of the Association and Auxiliary to visit us frequently in our new quarters.

Respectfully submitted,
CHARLES LIVELY,
Executive Secretary.

Charleston,
July 11, 1956

Syphilis Committee

A meeting of the Syphilis Committee of the West Virginia State Medical Association was held in the office of the chairman, Dr. Newman H. Dyer, State Director of Health, in Charleston, on April 29, 1956 at 1:30 P. M. In addition to the chairman, the meeting was attended by Drs. Francis C. Prunty of Parkersburg and Michael A. Viggiano of New Martinsville, and members of the staff of the State Department of Health's Bureau of Venereal Disease Control.

Doctor Dyer and staff members of the Bureau of Venereal Disease Control presented some of the facts and problems evident through the activities of the State Department of Health. The transition of the problem from one of treating and controlling great reservoirs of infectiousness to one of a chronic disease aspect opened up a discussion of the tragedy involved in the apparent lack of interest in discovering and treating syphilis in its late stages.

Doctor Dyer pointed out that the health department, through its case-finding activities, is discovering untreated and inadequately treated syphilis wherever

concerted effort in this program is in effect. He said that the course of therapy before and since penicillin had not always been effective in preventing the progressing of the disease to later manifestations. The point was stressed that any person diagnosed as having syphilis should be followed for several years and that the follow-up in every case should include the testing of spinal fluids. Statistics most recently available indicate that West Virginia ranks third in the number of first admissions to state mental hospitals for all psychoses due to syphilis, with 2.6 rate per 100,000 population compared with the national rate of 1.4 per 100,000 population.

While the number of lesion cases of syphilis reported declined markedly in the last 10 years, four times as many early nonlesion cases were reported. This indicates that the disease goes undiscovered and untreated for a year or more in at least four cases for every case discovered in primary or secondary stages.

If syphilis is not being seen in the physician's office or the public health clinics in its lesion stages, serology on all patients seems advisable if the disease is to be discovered and treated before it has a chance to work its crippling havoc. The estimated annual cost per year in the United States for maintenance of the patients with syphilitic psychoses and the syphilitic blind is $55,876,000. As we extend the life span we increase the potentiality of cost of maintenance of persons disabled by any chronic disease and the number of persons who will live long enough for the disabling effect of any inadequately treated chronic disease to take its toll.

The chairman led the discussion on the eradication of congenital syphilis. He said that there were five cases of congenital syphilis reported among infants under two months of age during the first three months of this calendar year and that many birth certificates indicated that prenatal blood testing had not been done. If we are missing primary and secondary syphilis as our reporting indicates, the importance of blood testing prenatals, even more than once as required by law, becomes more essential in protecting the unborn child. The State Department of Health is making every effort to assist physicians in this by following through with the latest information available on prenatal syphilis to each physician when reactive prenatal blood tests are sent in.

The inadequacy of reporting by physicians was pointed out, and although a trickle of improvement has been noted, there is much to be desired. It is thought that many physicians are not reporting gonorrhea because they are treating on the basis of symptoms without a definite diagnosis. This is, of course, the accepted criteria for treatment now and all such cases should be reported. All persons suspected of a gonorrheal infection should have a blood test for syphilis and repeated blood tests once a month for at least three months. This again points up to the necessity of syphilis serology as a part of almost every examination. Syphilis must be looked for if it is to be found and it must be treated adequately as early as possible if its damage is to be limited.

The State Department of Health, through its Bureau of Venereal Disease Control's Central Registry, can be of real service to physicians in evaluating treated cases. There have been approximately 70,000 syphilis cases reported to the bureau since the establishment of the Registry. All reported cases are unduplicated and, at the request of the physician, information is supplied concerning diagnosis, treatment, and follow-up.

The central registry is a confidential file kept in a locked case, and information from it is available only to physicians. The abstracts of treatment are on file for the more than 20,000 cases treated while the state maintained a rapid treatment facility. In practical experience, it has been proved that many patients giving a negative history have had previous treatment.

The Syphilis Committee makes the following recommendations:

1. The problem of finding and treating untreated or inadequately treated syphilis is for the most part the responsibility of the practicing physician and therefore the observations and suggestions of this committee should be brought to his attention. It is suggested that this may be partly accomplished as follows:

(a) Officers of component societies should see that the venereal diseases become a part of their regular program content for discussion by speakers; and,

(b) The Syphilis Committee, through the State Health Department's Bureau of Venereal Disease Control, should request the West Virginia Medical Journal to print a series of case histories pointing up the existing problems.

II. Cases of congenital syphilis in newborn infants usually indicate a failure on the part of the mother and the physician to cover and treat prenatal infections. Every possible effort should be made to emphasize the importance of this responsibility.

III. No patient infected with syphilis has had adequate follow-up unless a spinal fluid examination has been performed. West Virginia's unenviable position in its rate of first admissions to mental institutions for all psychoses due to syphilis indicates failure in this responsibility. Physicians treating syphilis who do not perform this service should see that their patients obtain the service from another physician or through the local health department.

IV. Effective reporting of all cases of venereal diseases as required by law is the only way that responsible agencies can evaluate the problem and plan a program to meet the needs of the state. The cooperation of every physician is earnestly requested.

V. Program committees of all organizations planning state or regional meetings for physicians are urged to consider arranging for an address by a speaker on the venereal disease problem, with discussion by members of the group to follow.

Respectfully submitted,

N. H. Dyer, M. D., M. P. H.,
Chairman.
Harold Van Hoose, M. D.
Howard T. Phillips, Jr., M. D.
Francis C. Prunty, M. D.
Michael A. Viggiano, M. D.

Committee on Maternal Welfare

The Maternal Welfare Committee of the West Virginia State Medical Association has had three meetings since the last annual report was submitted. One of these meetings was in conjunction with the annual meeting of the West Virginia Obstetrical and Gynecological Society at the Greenbrier in August, 1955; the other two meetings were held respectively, at the Daniel Boone Hotel in Charleston and the Chancellor Hotel in Parkersburg.

The meeting at the Greenbrier last August was open to members of the profession, and the more practical aspects of maternal mortality studies were presented at that time, and there was much interest displayed by all those members of the state association attending. The other two meetings have been formal, closed meetings of the committee.

The chairman takes this opportunity to express his appreciation to all the members of the committee and to the State Department of Health for splendid cooperation during the year, for without their most valuable assistance in the compilation of the necessary information and data, the function of the committee would be markedly curtailed.

We are all looking forward eagerly to the opening of the new Medical Center at the University, as we will then have the third component so important to the complete functioning of a Maternal Welfare Committee.

All of the cases that appear in the tables incorporated in this report have been carefully reviewed by the committee and opinions expressed and recommendations made only after both individual and collective analysis by the members.

The methods used by the committee in its study of the various cases during the past year are essentially the same as in 1954-55, as outlined in the annual report submitted in 1955. There have been certain refinements adopted as to method in obtaining the necessary accurate information on all cases, with follow-up letters being used when necessary.

A new questionnaire was adopted by the committee at its last meeting that will be sent to the physicians in the future on all cases involving maternal mortality. It is felt that this new questionnaire is a very definite improvement over the one formerly used.

The following tables, which contain a tabulated analysis of the work of the committee, are submitted for information and study by the members of the West Virginia State Medical Association:

Maternal Deaths June 1953 - July 1956

I. CLASSIFICATION OF MATERNAL DEATHS REVIEWED BY COMMITTEE DURING THE PERIOD JUNE, 1953 - JULY, 1956

Year	*Obstetric*	*Non-Obstetric*		*Combined Ob. and*	
		Med.	*Surg.*	*Med.*	*Surg.*
1953-1954	15	5	0	1	1*
1954-1955	18	7	0	0	1*
1955-1956	12	1	0	3**	0
Totals	45	13	0	4	2

*1 Shock following laparotomy for ectopic pregnancy; 1 Surgical complication following Caesarian Section.

**1 Transfusion reaction; 1 Anesthetic death; 1 diabetic with eclampsia, insulin reaction.

II. OBSTETRIC DEATHS BY CAUSE (1953-1956)

Cause of Death	*No.*	*% of Total*
Hemorrhage	24	48.9
Toxemia	12	24.5
Infection	5	10.2
Pulmonary Embolus	4	8.2
Complications following Caesarian	2	4.1
Other	2*	4.1
Total	49	100. %

*1 Anesthetic death, 1 Tranfusion reaction.

III. OBSTETRIC DEATHS BY PREVENTABILITY (1953-1956)

Classification	*No.*	*% of Total*
Preventable by Physician	25	51.0
Preventable by Patient	8	16.4
Preventable by Physician and/or Patient	5	10.2
Preventable by Hospital	1	2.0
Non-preventable	10	20.4
Total	49	100. %

IV. OBSTETRIC DEATHS BY PLACE OF DELIVERY

Place	*No.*	*% of Total*
Hospital	44	89.8
Home	2	4.1
Other	0	-
Not delivered	3	6.1
Total	49	100. %

V. OBSTETRIC DEATHS BY RACE

Race	*No.*	*% of Total*
White	45	91.8
Negro	4	8.2
Total	49	100. %

Note: These last two tables (IV & V) are actually valueless since we do not have the number of births which took place in home/hospitals and white/colored—ergo can't calculate rates.

VI. OBSTETRIC DEATHS BY AGE GROUP

Age Group	*No.*	*% of Total*
15 - 19	4	8.2
20 - 24	12	24.5
25 - 29	9	18.4
30 - 34	11	22.4
35 - 39	9	18.4
40 - 44	3	6.1
45 +	1	2.0
Total	49	100. %

VII. OBSTETRIC DEATHS BY PARITY

Parity	*No.*	*% of Total*
Primipara	13	26.5
1 - 3	21	42.8
4 - 6	5	10.2
7 +	8	16.4
Unknown	2	4.1
Total	49	100. %

VIII. OBSTETRIC DEATHS BY WEEKS OF GESTATION

Weeks of Gestation	*No.*	*% of Total*
Less than 28	3	6.1
28 - 33	8	16.4
34 - 39	16	32.6
40 +	17	34.7
Unknown	5	10.2
Total	49	100. %

IX. OBSTETRIC DEATHS BY OPERATIVE PROCEDURE

Procedure	*Preventable*	*%*	*Non-preventable*	*%*
Caesarian	7	16.6	0	
Forceps (High	1	2.4	0	
or Mid.)	5	11.9		
Other	17	40.5		
None	12	28.6	7	100. %
Total	42	100. %	7	100. %

X. OBSTETRIC DEATHS BY TYPE OF CONSULTATION

Type of Consultant	*No.*	*% of Total*
Obstetrician	8	Percentages cannot be calculated because some patients were seen by more than one consultant. But it is perhaps significant that 34.7% had no consultation.
Surgeon	10	
Internist	6	
General Practitioner	8	
Other (1 Urologist, 1 EENT Man, 1 Anesthetist)	3	
Unknown*	3	
None	17	
		34.7

*Type of consultant not specified.

XI. INTERVAL BETWEEN DELIVERY AND DEATH

Time Interval	*No.*	*% of Total*
Under 1 day	24	50.0
1 day - 1 week	8	16.7
1 week +	9	18.7
Undelivered	7	14.6
Total	48*	100. %

*1 post-mortem Caesarian

XII. OUTCOME OF PREGNANCY IN OBSTETRIC DEATHS

Type of Outcome	*No.*	*%*
Fetal Death	4	8.2
Stillbirth	18	36.8
Livebirth—Full term	16	32.6
Premature	5	10.2
Neonatal Deaths	3	6.1
Undelivered	3	6.1
Total	49	100. %

XIII. MEDICAL DEATHS ASSOCIATED WITH PREGNANCY

1953-1954	*1954-1955*	1955-1956
Pneumonia and rheumatic heart disease	Subarachnoid hemorrhage	Insulin shock
Pneumococci meningitis	Cardiac failure	
Acute heart failure	Myocarditis-virus infection	
Pneumonia following spontaneous abortion	Atrophy of liver	
Ruptured spleen	Cerebral hemorrhage	
	Rupture of congenital splenic aneurysm	
	Diabetes mellitus	

XIV. ANALYSIS OF OBSTETRIC DEATH CERTIFICATES

	No.	*% of Total*
Death Certificate Correct and Complete	33	67.4
Death Certificate Incorrect	16	32.6
Total	49	100. %

XV. AUTOPSIES DONE ON OBSTETRIC DEATHS

	No.	*% of Total*
Autopsy obtained	14	28.6
Autopsy not obtained	35	71.4
Total	49	100. %

DEFINITIONS:

1. Maternal death—The death of any woman dying of any cause whatsoever while pregnant or within six months of the termination of the pregnancy, regardless of the duration of the pregnancy at the time of the termination or the method by which it was terminated.
2. Obstetric cause of death—A death resulting from complications of the pregnancy itself, to intervention elected or required by the pregnancy or resulting from the chain of events initiated by the complication or the intervention.
3. Non-obstetric cause of death—A death resulting from disease before or developing during pregnancy (not a direct effect of the pregnancy) which was obviously aggravated by the physiological effects of the pregnancy and caused the death.

The committee desires to stress the following observations resulting from the analysis of these maternal deaths:

1. Many of these cases had inadequate or no prenatal care.
2. Hemorrhage was the cause of death in 48.9% of these cases, twice as frequent as any other cause, and post-partum hemorrhage heads the list in types of hemorrhage.
3. The figure of 34.7% of these maternal deaths who had no consultation may be significant.

The physicians of the state of West Virginia have been, for the most part, most cooperative in completing the questionnaire sent to them. Without this cooperation it would be impossible for the committee to accumulate facts and material so that better maternal care can become a reality.

The Committee on Maternal Welfare has during the past year, in addition to the review of maternal mortality cases, been actively engaged in advancing the following program that is vital to maternal welfare:

1. The drawing up and approving a set of standards and approved procedures for delivery services to be used as a guide in hospitals and clinics. This is being done with the assistance of the State Department of Health.
2. The working out of an education program of discussion and case reports that could be presented to "The West Virginia Medical Journal" for publication at periodic intervals. This would in turn stimulate greater interest in these matters by the profession.
3. The release to the "lay press" through the proper channels of suitable material dealing with maternal welfare and the function of maternal welfare committees. This would in turn help cement better public relations between the profession and the general public.
4. Some time has been spent in the discussion of the part that the Maternal Welfare Committee can play in the large problem of perinatal fetal mortality and morbidity.

Finally, the committee recommends to the West Virginia State Medical Association that the continuity of function and action of a Maternal Welfare Committee be kept intact, and that this can best be accomplished by retaining at least 50 per cent of the committee membership each year.

Respectfully submitted,

Charles L. Goodhand, M. D.
Chairman.

Medico-Pharmaceutical Relations

A meeting of the joint Committee on Medico-Pharmaceutical Relations was held in Charleston on June 20, 1956.

The meeting was attended by Messrs. J. Ray Fredlock of Morgantown, C. G. Meadows of Logan, H. R. Ridenour of Huntington, and William J. Dixon of Oak Hill, representing the West Virginia State Pharmaceutical Association, and Doctors J. L. Patterson of Logan, A. L. Batalion of Pennsboro, and Delmer J. Brown of Parkersburg, representing the West Virginia State Medical Association. Doctor Patterson served as chairman of the meeting.

The objectives of the joint committee were restated as follows:

1. The encouragement of better medical care of the general public through better medico-pharmaceutical relations;
2. The establishment of better medico-pharmaceutical relations;
3. To work out mutual problems between the medical and pharmaceutical professions; and
4. To attain liaison between the physician, pharmacist and pharmaceutical manufacturer.

The committee discussed legend drugs, and it was stated that the list of such drugs is changing so rapidly that what is available today might be obsolete tomorrow.

It was urged that all physicians in writing prescriptions utilize the refill caption that is usually printed at the bottom of the prescription blank and that they cooperate with the pharmacist to the fullest extent in establishing a definite policy on refills. Pharmacists were urged to cooperate with the physician in abiding by the refill caption and in case of doubt to contact the prescribing physician.

The program of education of the public to the fact that prescriptions cannot be refilled for most of our drugs without the consent of the prescribing physician should be continued.

The committee also discussed the possibility of the introduction at the forthcoming session of the legislature of bills affecting both groups. One would concern oral narcotic prescriptions. It is understood that the Harrison Narcotic Act has already been amended, and that it remains for our legislature to amend our State Narcotic Act to comply with the national regulation. It appeared to your committee that this was a very important amendment and should be passed by the legislature. The bill should be sponsored jointly by the State Medical Association and the State Pharmaceutical Association rather than by some lay organization.

Your committee would like to refer this legislative problem to the fact finding and legislative committee and the Council of the West Virginia State Medical Association for such action as may be deemed necessary.

The other legislative matter concerns the control of the sale of barbiturates. It was brought out that most all states except West Virginia have legislation concerning the control and dispensing of barbiturates. A proposed bill was read that conforms, with slight variations, with control legislation that has been enacted by other states. Your committee respectfully refers this proposed legislation to the fact finding and legislative committee and Council with the recommendation that a bill be sponsored jointly in the legislature

The Greenbrier, Showing the New Convention Unit and Auditorium Terrace.

The West Virginia Medical Journal

September 1956 Vol. 52, No. 9

Osteoarthritis*

Russell L. Cecil, M. D.

Arthritis often has been called the stepchild of internal medicine. If, indeed, this is the case, then osteoarthritis is the stepgrandchild of rheumatology. For important advances have been made in various other fields of rheumatic disease which have contributed to a fundamental understanding of these forms and to improved methods of treatment. Scores of young investigators are working on the etiology and pathogenesis of rheumatoid arthritis, the rationale of steroid therapy, et cetera.

Much knowledge has been contributed in recent years with regard to the treatment and prevention of rheumatic fever. Gout has received intensive study, and fruitful study at that, resulting in important contributions such as Benemid, Butazolidin and other new remedies. Osteoarthritis, however, still is an unsolved problem. In view of its great prevalence, there really is no excuse for this state of affairs.

Osteoarthritis, or degenerative joint disease, as it frequently is called, is a chronic condition which affects the joints of middle-aged and elderly persons and which is characterized by degenerative change in the cartilage along with coincidental hypertrophy of the bony margins of the joints. Osteoarthritis is the commonest form of joint disease and comprises more than one-third of all cases that come to arthritis clinics. It occurs both in the local and the generalized form. The local form usually is secondary to a preexisting condition such as congenital deformity, trauma, or preexisting infection. The generalized form affects several or even many joints and may develop without any recognized predisposing factor.

*Presented before the West Virginia Chapter, American Academy of General Practice, at Charleston, April 14, 1956.

The Author

- **Russell L. Cecil, M. D., Professor of Clinical Medicine Emeritus, Cornell University Medical College, New York City.**

Whether the condition be primary or secondary, the pathologic change in the joints is identical. It consists of wearing away of the cartilage which separates the bony surfaces of the joint, with reactive proliferation of both the cartilage and the adjacent bone. This degeneration of the joint structure results in pain, mechanical impairment and restriction of joint function.

Etiology

Investigators are in agreement that age is an important factor in the development of osteoarthritis. Bauer and his co-workers have shown clearly that degenerative change in the joints begins in the second decade of life and that 90 per cent of all persons reaching the age of 40 will show such change in the weight bearing joints. The degeneration becomes more marked with each decade. However, only 5 to 10 per cent of these persons ever have symptoms relative to the affected joints.

Trauma often is an important contributing factor in the development of osteoarthritis. It may be caused by one rather severe injury such as an intracapsular fracture, or it may be the result of repeated and long-conditioned minor insults to the joint. Congenital deformities affect the joint unfavorably by unequal distribution of weight. The individual with bow leg or knock knee, for example, is particularly susceptible to osteoarthritis of the knee, the person with a

spinal curvature more likely will be susceptible to osteospondylitis.

The weight bearing joints are more frequently affected in osteoarthritis, and the heavier the weight, the greater the damage. Hence the high incidence of osteoarthritis of the knees and back in extremely obese persons. Certain occupations predispose to osteoarthritis.

In the day laborer, osteoarthritis of the spine and the knees develops. The athlete who keeps up his activity through the years, especially in the more strenuous sports such as football or baseball, will fall heir to arthritis of the joints most severely strained in connection with his sport. Osteoarthritis, in time, will develop in a joint which has been the seat of chronic infection such as tuberculosis or syphilis. Even rheumatoid arthritis, as it progresses in middle-aged persons will be accompanied by secondary osteoarthritic changes.

Important as all of the foregoing factors are in the causation of osteoarthritis it must be admitted that we still have little knowledge regarding the fundamental nature of the disease. For example, Stecher has shown that heredity plays an important role, but it is not understood just how this factor should be evaluated.

Location

As already mentioned previously, osteoarthritis chiefly affects the weight bearing joints. This means hips, knees and lumbar spine. However, other joints are not immune. The cervical spine comes in for a lot of wear and tear and suffers accordingly. The so-called Heberden's node is a form of osteoarthritis which attacks the terminal interphalangeal joints of the fingers. The large joints of the upper extremities are involved less frequently. The so-called bunion, which affects the metatarsophalangeal joint of the great toe, is a form of osteoarthritis caused by improperly fitted shoes.

Pathology

The primary change in osteoarthritis consists of wearing out and fraying of the intraarticular cartilage. The first changes noted are thinning and ridging of the cartilage; this is followed by fissures and ulcers which finally progress to actual exposure of the underlying bone. When exposed, the bone gradually becomes condensed and eburnated. Synovial involvement is minimal; hydrops is unusual.

Symptoms

The symptoms in osteoarthritis are purely local. None of the systemic changes so frequently seen in rheumatoid arthritis, notably, weakness, anemia and loss of weight is seen in osteoarthritis. There are no laboratory findings of a positive character.

The onset is gradual. The first symptom noticed is stiffness of the affected joint, and this is increased after exercise. Gradually the stiffness and aching become more pronounced. The joint stiffness and soreness after exercise are relieved by rest. However, these symptoms do not disappear so quickly as the stiffness which occurs in young, healthy individuals after strenuous exercise.

Eventually, any activity will produce pain in the affected joints. The joint discomfort usually is greater in the evening and less in the early morning after a night's rest in bed—just the reverse of what happens in the case of the rheumatoid patient, in which the discomfort is more marked in the early morning, wearing off during the day.

Physical examination, as a rule, is negative except with reference to the phalangeal joints of the fingers and sometimes those of the toes. Here the hypertrophied bone gives the joints a hard prominence never seen in the normal joint. Firm palpation over the joint often brings out deep tenderness, and flexion may be associated with crepitus. Atrophy of the muscles is rare. Extreme flexion of the involved joint, either active or passive, may increase the pain as may standing for any length of time, if the affected part is a weight bearing joint.

Diagnostic Aid

X-rays are of considerable value in the diagnosis of osteoarthritis, especially in the case of the deep joints such as the hip and the lumbar spine where x-ray confirmation is essential. However, since 90 per cent of osteoarthritic joints are asymptomatic, positive x-ray findings often have no real significance *per se*, nor is the extent of damage any measure of the joint's incapacity since major changes may be associated with minor symptoms and vice versa. For example, the two knees may present exactly the same appearance in the x-ray picture, yet one may be quite painful and the other entirely free of symptoms. Such difference is hard to explain but, presumably, results from pressure of the overgrowing bone or some nerve ending.

Treatment

The bony changes in osteoarthritis are permanent. It can be said, therefore, that osteoarthritis is an incurable disease. This is true, however, only in the narrow sense. In many cases, a sensible program of treatment by the physician and conscientious compliance on the part of the patient will bring about complete or almost complete relief of symptoms. It never should be forgotten that osteoarthritis is asymptomatic in a large percentage of cases. If it is true that the pain results from compression of nerves in the joint structure, the rationale for relieving the pain is rest which, as a matter of fact, is the most essential part of the treatment. Rest, analgesics and physiotherapy constitute the three main factors in the therapeutic program. The goal, however, in the treatment of osteoarthritis is not only to relieve the pain but to check the progress of the disease. Rest may mean bed rest or, if only one joint is involved, a snugly fitting cast or splint. The common analgesics such as aspirin, phenacetin and codeine are used for relief of pain, and barbiturates may be in order for general relaxation.

Phenylbutazone (Butazolidin) has a limited field of usefulness in the treatment of osteoarthritis, but it also has two shortcomings: (1) it is not in any sense a cure and (2) its administration cannot be kept up for any considerable length of time without the risk of side-effects such as bone marrow depression, sometimes of a serious nature. In those rare instances in which fluid collects in the joint, aspiration usually is indicated. Hydrocortisone (compound F) has been used with some success when introduced into the joint in doses of 25 mg. or more. This treatment is particularly applicable in the case of osteoarthritis of the knee.

X-ray therapy occasionally is helpful in osteoarthritis of the spine, but the benefit derived usually is temporary, lasting only a few months. The use of cortisone or corticotrophine rarely is justified in the treatment of this disease. The importance of rest for the osteoarthritic joint already has been indicated. After the patient has made a certain amount of improvement, the question will arise as to the limit of strain the affected joint can stand. In this connection, there are a few essential points to remember:

(1) Avoid all strain on weight bearing joints. This comes chiefly from standing or kneeling for long periods of time, frequent ascent or descent of stairs, et cetera.

(2) Weight Reduction. The problems and details of weight reduction do not come within the scope of this paper. One thing, however, is sure, and that is that reducing an obese patient in the clinic or the physician's office is, with few exceptions, almost an insuperable difficulty. Weight reduction, to be efficient, should be carried out in a hospital, with the patient on a low calorie diet which may be as low as 600 calories a day. In addition, hospital care for obese patients has other advantages. The painful, weight bearing joints get a rest, and there is opportunity for physiotherapy and training in corrective exercises.

(3) Support. The patient with osteoarthritis of the spine usually will need some sort of back support, either a simple orthopedic corset or, perhaps, a reinforced brace. Part of the routine in these cases consists of bed boards. The patient may protest at first but he soon becomes accustomed to his firm bed and even grows to like it. Elastic bandages may be helpful for a painful knee; crutches or a cane will take the weight off of an arthritic hip. Rest is important in all forms of osteoarthritis and, in difficult cases, bed rest may be essential. It is important to remember, however, that rest in any case must be coordinated with corrective exercises. Active exercise is preferable to the passive form. Exercise is much more important in osteoarthritis than most physicians realize. Massage and traction are helpful, but it is from active exercise combined with traction and stretching that best results can be expected. Exercise reduces or prevents atrophy of the bone and atrophy of the muscles, and improves the posture and muscle power, thus decreasing strain on cartilage and the supporting tissues about the joint. Baker recently went so far as to say that active exercise is the method of choice in treating arthritis.

In all forms of osteoarthritis the two chief goals are (1) the control of pain and (2) the prevention of progress of the disease.

Heat is one of the old stand-bys for controlling pain. Lamps or baking ovens transmit heat only 1 cm. below the surface of the skin. Heat by conduction may be applied in various ways such as by hot vapor cabinet, hot baths, hot packs and paraffin baths. In my experience, diathermy has exhibited no special advantage in the treatment of osteoarthritis, but I realize that some observers will disagree with me on this point.

Osteoarthritis of the neck deserves special attention because of its prevalence, also because in so many cases concomitant injury of the discs allows pressure on the nerve roots at their point of exit from the spinal canal. In cervical osteoarthritis, traction plus stretching of the muscles by active exercise are particularly effective.

In osteoarthritis of the hip, pain may be reduced to some extent by correction of alignment and by increasing the power of the leg muscles through active exercise.

When the knees are involved, the tendency to varus deformity should receive some attention. Concentration on developing strength in the quadriceps muscles is important since it gives the patient an additional sense of security. The tendency of the knee to give way in such cases is well known. Development of the quadriceps will help to overcome this weakness.

Surgical Treatment

In treating osteoarthritis, the safe rule is to try all conservative measures first. Only when these have failed should surgery be considered, and particularly is this true in the case of weight bearing joints. The operation, as yet, has not been devised that will give the osteoarthritic a perfect joint. It is important, therefore, that the patient be fully informed regarding the limitations of surgical procedure. One obvious indication for surgery, however, is the presence of a foreign body in a joint. Surgery is about the only measure which will give the patient any relief and at the same time prevent further development of the disease.

Arthrodesis of the ankle, knee, hip or spine is a satisfactory operation for relieving pain and is, perhaps, the operation of choice in many cases. Arthroplastic surgery of the hip has become much more popular since the introduction of prosthetic devices by Smith, Peterson, Judet and others, but should be used only in carefully selected cases.

Excision, or partial excision, of the patella is a satisfactory procedure in some cases of osteoarthritis of the knee. The disadvantage is the possible development of a certain instability of the knee joint following the operation. Occasionally, debridement of the knee or synovectomy may be indicated. The patient with osteoarthritis of the knee, however, or of any large joint, for that matter, should never be rushed into a surgical operation. Surgery of the knee, hip or spine is an expensive and exhausting procedure which may be followed in some cases by a disappointing result. It is to the interest of all, therefore, to make haste slowly in approaching a surgical solution to the problem.

Summary

In summary, then, it may be said that the physical approach to the problem of osteoarthritis is just as important as the physical approach in rheumatoid arthritis. In both forms, rest, heat and active exercises play vital roles in relieving the patient of his symptoms.

Doctors Human Beings

Differences of opinion among doctors and among medical organizations in regard to their problems exist for various reasons. All of us are apt to identify ourselves with our own ideas, customs, laws, etc., and to refuse to change or to cooperate with others.

Consider the lack of uniformity in our divorce laws and in our traffic laws over the United States. Any 10 year old child knows that this lack of uniformity is silly, but what do we do about it? Likewise, among doctors, opinions are at times based not on the facts involved, but are shaded by personal desires, likes and dislikes, prejudices, ignorance, indifference, by economic factors, and even by the age of the doctor. In other words, we doctors are just plain human beings after all.

Fortunately, we have in our profession a hard core of mature, well developed, well educated men and women, who are unselfishly dedicating themselves to moulding the destiny of our profession, not only for the good of all its members, but for the good of all mankind.—Hal M. Davison, M. D., in Journal of the Medical Association of Georgia.

Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon*

Marion N. Malinowski, M. D., John E. Lutz, M. D., F. A. C. S., and Kenneth G. MacDonald, M. D., F. A. C. S.†

Cruveilhier, in 1849, first described the anatomy of diverticula of the large bowel and Virchow, 10 years later, investigated "prediverticulitis." Mayo, Wilson and Griffin, in 1904, reported five cases of diverticulitis in which they had resected a portion of the sigmoid. Thus, from a surgical standpoint, our experience in the treatment of this disease is a matter of but 50 years.

The Authors

- **Marion N. Malinowski, M. D., John E. Lutz, M. D., F.A.C.S., and Kenneth G. MacDonald, M. D., F.A.C.S., members of the staff, Memorial Hospital, Charleston, W. Va.**

Age at Onset

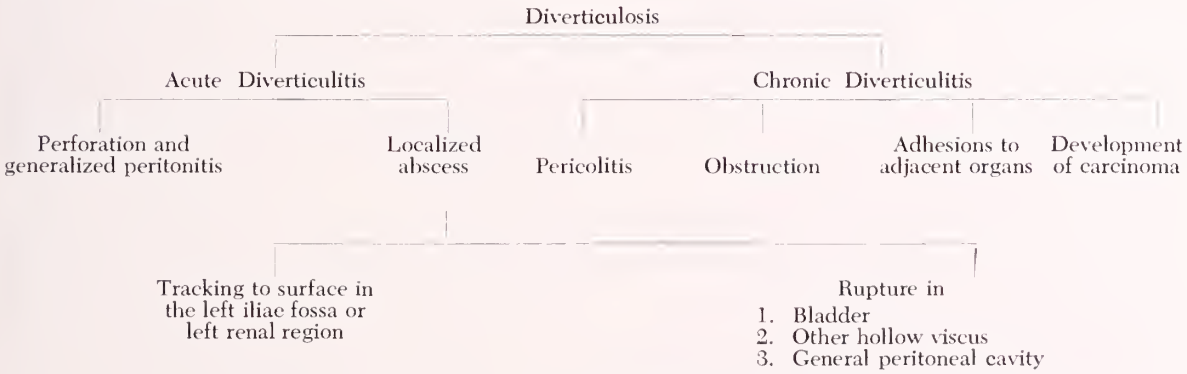
Females are affected more commonly than males; the average age at onset in diverticulosis is 40-45 years, while the majority of diverticulitis patients are seen between ages 50 and 70. It has been stated that obesity and constipation are the predisposing factors, but other causes probably also play a part. These "pulsion" diverticula occur in gaps in the bowel musculature through which nutrient vessels pass after the bowel has been the seat of spasm for a long time. They are found most frequently in the sigmoid and never below the peritoneal reflection. Occasionally, of course, they are seen throughout the colon, down to the rectosigmoid.

Generally, there are three stages in the development of this pathologic state, namely, the prediverticular stage characterized roentgenologically by loss of bowel segmentation, the stage of formed outpouchings or diverticula (diverticulosis), and the stage of an infected diverticulum, termed "diverticulitis."

Clinically, diverticulosis may produce little more than a disorder of the bowel characterized by flatulence, slight abdominal distention relieved by aperients, or an uneasiness along the course of the descending colon. Diverticulitis, on the other hand, may be ushered in by an onset of acute pain, tenderness, chills, fever, toxicity, nausea, and muscle guarding in the left lower quadrant or suprapubic region. More commonly these patients give a long history of intermittent lower abdominal distress, flatulence and constipation followed by gradual relief of the symptoms as the inflammatory process subsides.

Complications

The complications of colon diverticula are well outlined by Maingot as follows:



Acute free perforation into the peritoneal cavity is not too rare and can readily be confused with appendicitis and ruptured ulcer since in the latter free subdiaphragmatic air may be

*Presented before the West Virginia Chapter of the American College of Surgeons at the Greenbrier, White Sulphur Springs, April 13, 1956.

†From the Department of Surgery, Memorial Hospital, Charleston, W. Va.

found. Also the redundant sigmoid loop may lie to the right of the midline giving rise to concentration of signs in the right lower quadrant or the formation of a palpable abscess there. Many times the acute perforation has been attributed to the administration of an enema or straining at stool in cases with diverticulosis or a previously silent small diverticular abscess.

Bowel obstruction caused by diverticulitis usually is slow in onset and is caused by edema in the acute phase and by the chronic inflammation and fibrosis in the bowel wall in the chronic phase. Obstruction due to other inflammatory lesions of the bowel such as endometriosis, tuberculosis, actinomycosis and regional colitis have to be considered, but the only real problem is the exclusion of carcinoma. We do not believe that the incidence of carcinoma is increased by diverticulitis. As points of differential diagnosis between obstruction caused by diverticulitis and carcinoma we have the following: Diverticulitis patients usually have had some symptoms longer, the obstruction usually is incomplete, there usually are signs and symptoms of infection in the peritoneal cavity, the mass usually is large and fixed, the sigmoidoscopic examination fails to show disease process, and gross or microscopic bleeding is very rare. The roentgenologic examination will shed much light on the actual diagnosis.

Fistula formation is frequent and follows the adherence of the inflammatory process to an adjacent organ which commonly is the urinary bladder. It is said to occur in about one-third of the severe cases and less frequently in the female, probably due to the presence of the uterus between the sigmoid and the bladder. Ransom, Johnston and Stubbs have reported two cases of sigmoidouterine fistula. This complication usually is initiated by lower abdominal pain, pyrexia and constitutional symptoms followed by urgency, dysuria, pneumaturia and fecaluria. Occasionally one may have hematuria. The diagnosis is confirmed by cystoscopy and barium enema.

Profuse lower bowel hemorrhage in diverticulitis is extremely rare but microscopic hemorrhage occurs more frequently. If there is moderate bleeding one should be suspicious of coexisting pathologic lesions.

Diverticulitis, like peptic ulcer, primarily is treated by the internist, and the surgeon treats only the complications, which occur in 15 to 20 per cent of cases. It is well to have the patient's condition thoroughly evaluated preoperatively since she usually is past middle life.

Type of Surgery

The type of surgery must be fitted to the individual patient and the type of lesion encountered. Drainage of localized peritonitis with transverse colostomy often will prove a life-saving procedure and will facilitate a fairly simple resection later on. Conservative treatment for a prolonged period in spite of repeated, acute attacks may lead to extreme difficulty from complications. Since 1950, prophylactic resection during a quiescent period has been shown to have much to recommend it and has been accomplished with little risk because of improvements in anesthesia and in preoperative and postoperative care. This should be considered in those cases in which a persistent mass is found, and recurrent obstruction, recurrent hemorrhage, marked urinary symptoms or malignant changes cannot be ruled out.

In the cases of older persons who, it is well known, do not heal as well, who have more coexisting degenerative diseases, and more than likely a bowel in a worse general condition, we always suggest a preliminary transverse colostomy even though it requires three procedures instead of one and is more costly. In the case of obstruction of the bowel secondary to diverticulitis, especially where there is a disparity in size of the proximal and distal bowel, a transverse colostomy should be done.

Analysis of Cases

An analysis of 66 cases admitted to our hospital between April 1952 and October 1955 for diverticulosis and diverticulitis is presented. There were 36 females and 30 males, a ratio of 6:5. The oldest patient was 81 and the youngest 41, giving an average age of 60.1 years.

Thirty-nine, or 51.4 per cent, had diverticulosis giving rise to no symptoms or very mild ones. Twenty patients, or 30.3 per cent, had acute diverticulitis for which they were treated medically and discharged in improved condition.

Case 1.—M. D., a white female aged 58 years, complained of lower abdominal cramping pain for four years, with one episode of a tarry stool. A few days before admission in April, 1954 she was awakened in the middle of the night with severe lower abdominal pain and diarrhea. Examination revealed palpation tenderness in left lower quadrant and midlower abdomen, but no masses. Barium x-rays revealed numerous small diverticula from transverse colon to rectum. The

sedimentation rate was 70 mm/min. She was treated conservatively and discharged improved.

Four months later in August 1954 she was again admitted with the same symptoms and a sedimentation rate of 107. At this time a right transverse colostomy was performed, with complete amelioration of signs and symptoms. Since there were no intraperitoneal masses, resection of the descending colon and sigmoid with end to end anastomosis was performed October 14, 1954. Closure of the colostomy was performed three months later. This patient has remained well to date.

Case 2.—F. B., a white female aged 62 years, was admitted to Memorial Hospital May 2, 1954, for postmenopausal vaginal bleeding and lower abdominal pain. Bowel function was not unusual and there had been no melena. Barium enema revealed multiple diverticula in the sigmoid, with inflammatory changes. She was treated conservatively but was readmitted June 13, 1954, for persistence of left lower quadrant intermittent pain, nausea and vomiting. The abdomen was tender to palpitation in the left lower quadrant but no masses could be felt. Sigmoidoscopy to 24 cm. failed to reveal any lesions, and the sedimentation rate was 68 mm/min. A three stage procedure was decided upon, and the right transverse colostomy was performed Sept. 7, 1955, and followed four months later by resection of the descending and sigmoid colon, and two and one-half months after that by closure of the colostomy.

Case 3.—R. J., a white female aged 74 years, first was admitted Feb. 8, 1954, for excision of a mixed cell parotid tumor. No abdominal disorder was noted at that time.

She was readmitted June 14, 1955, suffering with cramp-like abdominal pain of approximately 30 days' duration. She continued to have tenesmus after bowel movements. Patient did not have nausea, vomiting, fever or chills. Examination revealed considerable pain on deep palpation in the area of the lower sigmoid colon. Proctoscopic and pelvic examinations were essentially negative. A barium enema showed numerous diverticula of the sigmoid, with associated spasm through this area. She was treated conservatively but her symptoms became more severe.

On June 23, 1955, primary resection of the sigmoid colon, with cecostomy, was performed. The patient remained well and asymptomatic and was discharged from the hospital on the ninth postoperative day.

The three foregoing cases, none with perforation or fistula, represent well planned stage procedures, with no morbidity nor mortality.

Case 4.—S. B., a white male aged 46 years, was admitted to Memorial Hospital Sept. 1, 1954, with a history of chills and fever, the latter remaining at 101 F. for 18 hours before hospitalization. At the time of admission he had severe constant lower abdominal pain necessitating an opiate. Appendectomy had been performed 36 years ago. Duodenal ulcer treatment had been given in 1939.

Examination revealed an acutely ill male, temperature 103F., pulse 100. There was slight palpation and percussion tenderness in both lower quadrants, more marked on the right. No rigidity nor masses were felt. Rectal examination revealed acute tenderness high on the anterior wall. A flat film of the abdomen revealed peritoneal irritation but no definite lesion. The patient improved on antibiotics for 48 hours but then had a recurrence of the pain, x-ray at this time showing what was thought to be a loop of distended small bowel. Surgical intervention was made and the sigmoid was found to be edematous and to contain a perforation approximately 5 mm. in diameter; however, no positive evidence of any diverticula could be found. The abdominal cavity was drained and a loop colostomy formed in the sigmoid proximal to the perforation. The patient's condition improved rapidly. The bowel function became normal, and barium studies three weeks later showed multiple diverticula. The exteriorized loop was never opened but was placed in the abdomen Sept. 24, 1954. The patient has remained well to date.

Case 4 illustrates the fact that the procedure must fit the individual case, and here we see good results from simple drainage of the abscess and without diversion of the fecal stream.

Case 5.—H. H., a white male 57 years old, was admitted Jan. 18, 1955, with the chief complaint of decreased caliber of the stools, with slight, intermittent gross blood and mucus. For the 24 hours prior to admission, he had had severe lower abdominal pain of sudden onset, with nausea but no vomiting. There had been five to six small loose bowel movements.

Examination showed an acutely ill man with a temperature of 102 F., a pulse rate of 120, leukocytosis (17,000), and negative urinalysis. Abnominal examination showed marked, localized, left lower quadrant tenderness, and rectal examination was accompanied and followed by severe lower abdominal pain and tenderness although no masses were palpable.

A transverse colostomy and drainage of the pelvic abscess were performed the day of admission. The colostomy was closed March 2, 1955, and the patient, a physician, has remained well to date.

The foregoing case illustrates that shunting of the fecal stream, and drainage, will give good results for long periods of time and will save life.

Case 6.—C. H., a 60 year old white female, was first hospitalized May 11, 1953, for general malaise and fatigue. X-rays of the colon revealed many small diverticula throughout the colon, with evidence of diverticulitis in the sigmoid. The diagnosis of diabetes mallitus also was made.

The patient was treated medically and was readmitted Jan. 25, 1954, with a history of rectal pain and rectal bleeding. At this time, proctoscopy showed carcinoma of the rectosigmoid colon along with the diverticulitis. On January 27, 1954, primary resection of the sigmoid and the descending colon, also a cecostomy, were performed. The convalescence was marred by a sinus tract from the anastomosis which later healed.

It is well illustrated in this case that carcinoma must be suspected and looked for whenever there is a change in the symptomatology, also that in cases of extensive diverticulosis, one is safer with a colostomy.

Case 7.—B. D., a white female aged 62 years, was admitted June 2, 1953, for excision of an adenoma of thyroid.

On May 15, 1955, she was readmitted for persistent and severe lower abdominal pain, a feeling of fullness, and fecal drainage per vagina. The pain had started while the patient was attempting a bowel movement. She had had a similar attack, starting in the same way, 17 years previously, and had been quite sick for several weeks. Barium enema revealed multiple diverticula of the descending colon and a perforated diverticulum of the sigmoid colon. She was treated conservatively but was readmitted June 1, 1955, for persistence of left lower quadrant pain, and vaginal fistula. A three stage procedure was decided upon and a transverse colostomy was performed June 2, 1955, followed by resection of the sigmoid colon and the fistula two months later and by closure of the colostomy seven weeks after resection.

This case represents fistula formation and its treatment. The risk of repeated procedures, the discomfort and inconvenience, and the tremendous expense are to be noted.

Summary

Of the 66 cases of recognized diverticulosis and diverticulitis of the colon observed at Memorial Hospital between April 1952 and October 1955, seven, or 10.6 per cent, came to surgery. We found the disease more common in females and in our small series of cases, there were five females subjected to surgery as compared with two males.

For the most part, diverticulitis can be managed by rest, diet, antispasmodics and antibiotics but at present definitive surgery can be performed safely in those chronic, recurring and thus, chronically ill cases as well as in those emergent conditions such as perforation, fistula and obstruction. We believe that in some cases a two or three stage procedure may be necessary, but that in certain selected cases, after proper preoperative preparation, the prophylactic one stage procedure is the method of choice.

References

1. Maingot, R.: Abdominal Operations.
2. Baeon, H. E.: Anus-Rectum-Sigmoid Colon. Diagnosis and Treatment.
3. Colcock, B. P.: Diverticulitis of the Colon: Occurrence and Complications in the Aged, Surg. Clin. North America, (June) 1954.
4. Sedgwick, C. E.: The Surgical Treatment of Diverticulitis and Its Complications, Surg. Clin. North America, (June) 1951.
5. Guy, C. C., & Werelius, C. Y.: Complications of Diverticulitis of the Colon. Their Surgical Treatment, Surg. Clin. North America, (Feb.) 1955.
6. Johnston, M. H., & Stubbs, G. M.: Sigmoido-Uterine Fistula Complicating Diverticulitis, Ann. Surg. 141: 138-140 (Jan.) 1955.
7. Mayo, C. W., & Blunt, C. G.: The Surgical Management of the Complications of Diverticulitis of the Large Intestine, Surg. Clin. North America, (Aug.) 1950.
8. Gilchrist, R. K., & Economon, S.: Surgical Treatment of Diverticulitis of Colon, Arch. Surg. 70:276-279 (Feb.) 1955.
9. Noer, R. J.: Hemorrhage as a Complication of Diverticulitis, Ann. Surg., (May) 1955.
10. Ranson, H. K.: Diverticulitis of the Colon, Gastroenterol 12:12, 1954.

The Clinico-Bacteriologic Evaluation of Furadantin® In Urinary Tract Infections*

*Lowrain E. McCrea, M. D.,** and*
*Theodore Anderson, Ph. D.****

THE TREATMENT of urinary tract infection frequently confronts the clinician and is a constant problem to the urologist. It is the desire of every physician to eradicate these infections as quickly and as efficiently as possible.

Modern therapy, in combating these infections, began with the sulfonamides which have been supplemented by the antibiotic agents. However, patient sensitization, limited antibacterial spectrum and development of bacterial resistance to all of these agents are reasons for the production and evaluation of many newer drugs. Dodd and Stillman, in 1944, found that the addition of a 5-nitro group to a number of furan compounds imparted antibacterial activity. Subsequent investigations developed Furacin and continued experimentation produced Furadantin (N-(5-nitro-2-furfurylidene)-1-aminohydantoin), a nitrofuran for systemic use.

It has been shown (and reported) that Furadantin is a drug of low toxicity, that when taken orally approximately 45 per cent is excreted in the urine in an eight-hour period, and that the drug's antibacterial spectrum includes those organisms commonly found in urinary tract infection.

The Authors

- **Lowrain E. McCrea, M. D., Professor of Clinical Urology, Temple University School of Medicine, Philadelphia, Pa.**
- **Theodore Anderson, Ph. D., Associate Professor of Bacteriology, Temple University School of Medicine, Philadelphia, Pa.**

The observations and conclusions noted here are based on our study of 100 consecutive, unselected and uncomplicated cases of urinary tract infection in which treatment with Furadantin was used.

There were 66 instances in which a single bacterial species was cultured; and 34 multiple infections. Of the latter, in 21 cases there were two bacterial species; in eight cases there were three different bacterial species, and in five cases there were four different bacterial species. In none of the cases in the series was there a clinical syndrome without positive bacteriological findings. Complete clinical urological studies failed to reveal any complicating factors.

TABLE I

ORGANISMS AND IN VITRO SUSCEPTIBILITY TO FURADANTIN IN PATIENTS WITH A SINGLE INFECTION

Species	Total #	Susceptible (%)	Resistant (%)
E. coli	25	24 (96)	1 (4)
A. aerogenes	18	9 (50)	9 (50)
Proteus sp.	11	9 (81.8)	2 (18.2)
Pseudomonas sp.	4	0 (----)	4 (100)
Ps. aeruginosa (pyocyaneus)	3	0 (----)	3 (100)
Enterococci	4	4 (100)	0 ( )
Paracolobactrum sp.	1	0 (----)	1 (100)
TOTAL	66	46 (69.7)	20 (30.3)

Infection With One Bacterial Species

The microorganisms isolated in the 66 cases with single infection were Escherichia coli, Aerobacter aerogenes, Proteus species, Pseudomonas aeruginosa (pyocyaneus), other Pseudomonas species, enterococci and a Paracolo-bactrum species (Table I).

*Presented before the Mid-Atlantic Section of the American Urological Association at Hot Springs, Virginia, April 19-21, 1956 (This work aided through the cooperation of Eaton Laboratories, Norwich, New York).

**From the Department of Urology, Temple University Hospital and School of Medicine.

***From the Department of Bacteriology, Temple University Hospital and School of Medicine.

All Pseudomonas species and one strain of E. coli were resistant to Furadantin. It is significant to note that 9 of 11 strains of Proteus and nine of the Aerobacter strains were susceptible. Roughly, seventy (69.7%) per cent of all strains were susceptible to Furadantin.

Forty-two cases (63.6%) with single infections responded favorably to therapy (Table II). Of the 24 instances (Table III) in which bacteriological and clinical cures were not effected, failure in 19 cases was attributed to resistant organisms. Four infections were refractory to the drug, and in one instance the original organism was eliminated, but a hemolytic Micrococcus persisted. This case was not counted as a complete cure.

Infections With More Than One Bacterial Species

Mixed infections of the urinary tract generally pose an especially difficult therapeutic problem to the urologist and the clinician. In 34 cases (34%) in the series, more than one microorganism was found. There were 21 cases with an initial double infection or a re-infection with a different bacteriological species (Table IV). Clinical cure was effected 12 times, and bacterio-

TABLE II

BACTERIOLOGIC AND CLINICAL CURE AND URINE ASSAY OF FURADANTIN IN PATIENTS INFECTED WITH A SINGLE BACTERIAL SPECIES

Species	Total #	Cure: Bacterial & Clinical (%)	No Bact. & Clin. Cure (%)	Assay: Negative (%)	Assay: Positive (%)
E. coli	25	22(88.8)	3 (11.2)	9 (36.0)	16 (64.0)
A. aerogenes	18	9(50.0)	9 (50.0)	2 (11.2)	16 (88.8)
Proteus sp.	11	8(72.2)	3 (27.3)	2 (18.2)	9 (81.8)
Pseudomonas sp.	4	1(25.0)	3 (75.0)	2 (50.0)	2 (50.0)
Ps. aeruginosa (pyocyaneus)	3	0(00.0)	3 (100.0)	0 (00.0)	3 (100.0)
Enterococci	4	2(50.0)	2 (50.0)	1 (25.0)	3 (75.0)
Paracolobactrum sp.	1	0(00.0)	1 (100.0)	0 (00.0)	1 (100.0)
TOTAL	66	42(63.6)	24 (36.4)	16 (24.3)	50 (75.7)

TABLE III

RELATION OF NEGATIVE BACTERIOLOGIC AND CLINICAL CURES TO SUSCEPTIBILITY OF ORGANISMS, URINE ASSAY, AND REACTION TO DRUG IN PATIENTS INFECTED WITH ONE BACTERIAL SPECIES RESPONDING UNFAVORABLY

Species	Total # Cures	Total Resist.	Total Suscep.	Assay Neg.	Assay Pos.	Rx Intolerance	Remarks
E. coli	3	1	2	1	2	1	Neg. assay — organ. suscep. Pos. assay — organ. resist. Pos. assay — suscep. organ. but patient intolerant.
A. aerogenes	9	9	0	1	8	1	Assay pos. on patient with intolerance.
Proteus sp.	3	2	1	1	2	1	Pt. with drug intolerance had sensitive organism.
Pseudomonas sp.	3	3	0	1	2	0	Of pts. with Ps. sp. infection, one had bact. & clin. cure with resist. org.
Ps. aeruginosa (pyocyaneus)	3	3	0	0	3	0	All organisms resist.
Enterococci*	2	0	2	0	2	1	One with Rx intolerance.
Paracolobactrum sp.	1	1	0	0	1	0	Resistant organism.
TOTAL	24	19	5	4	20	4	

* One of two patients with enterococci was refractory to therapy. The other patient was neither a clinical or bacteriological cure. Although the enterococci were eliminated, micrococci were still found in the urine.

In 19 instances, organisms not eradicated were resistant to the drug in vitro. In 4 cases the patients were refractory to therapy. In one instance the original enterococci had disappeared, but a susceptible hemolytic Micrococcus still persisted in the urine.

logical cure 10 times. In the 11 cases without bacteriological cure, resistant species were isolated eight times although in one of these instances clinical cure was obtained. Two patients were intolerant to the drug, and in four instances Furadantin never could be demonstrated in the urine. In another of the 11 cases, the patient was under treatment for only one week. In yet another case, the patient, though clinically cured, had a Furadantin-susceptible enterococcus in the last urine specimen.

There were eight cases in which three different bacterial species were isolated (Table V). In three of these treatment failed. Failure could be considered due to resistant organisms in each instance. There was a demonstrable Furadantin urine level in all three cases. In one case, in which there was a combined infection with E. coli and a Pseudomonas species resistant in vitro, bacteriological and clinical cure was effected.

In the five cases in which four different bacterial species were isolated (Table VI), three therapeutic failures occurred although demonstrable Furadantin urine levels were obtained in each case. In two cases, three of the four organisms were resistant in vitro. In one of these, the patient was on therapy for only one week. In contrast, one of the two patients in the group was cured after 42 weeks of therapy, despite the fact that two of the bacterial species were resistant in vitro.

A summation of the 100 cases is given in Table VII. In 59 per cent bacteriological cure was effected. Clinical cure, however, was obtained in 61 per cent of the cases. In two cases, although the patients were clinically cured, the final culture was positive but the organisms isolated were not the same as those considered to be the initial etiologic agents. Each was sensitive to Furadantin but since they were present in the final urine, the two cases were not considered to be bacteriological cures.

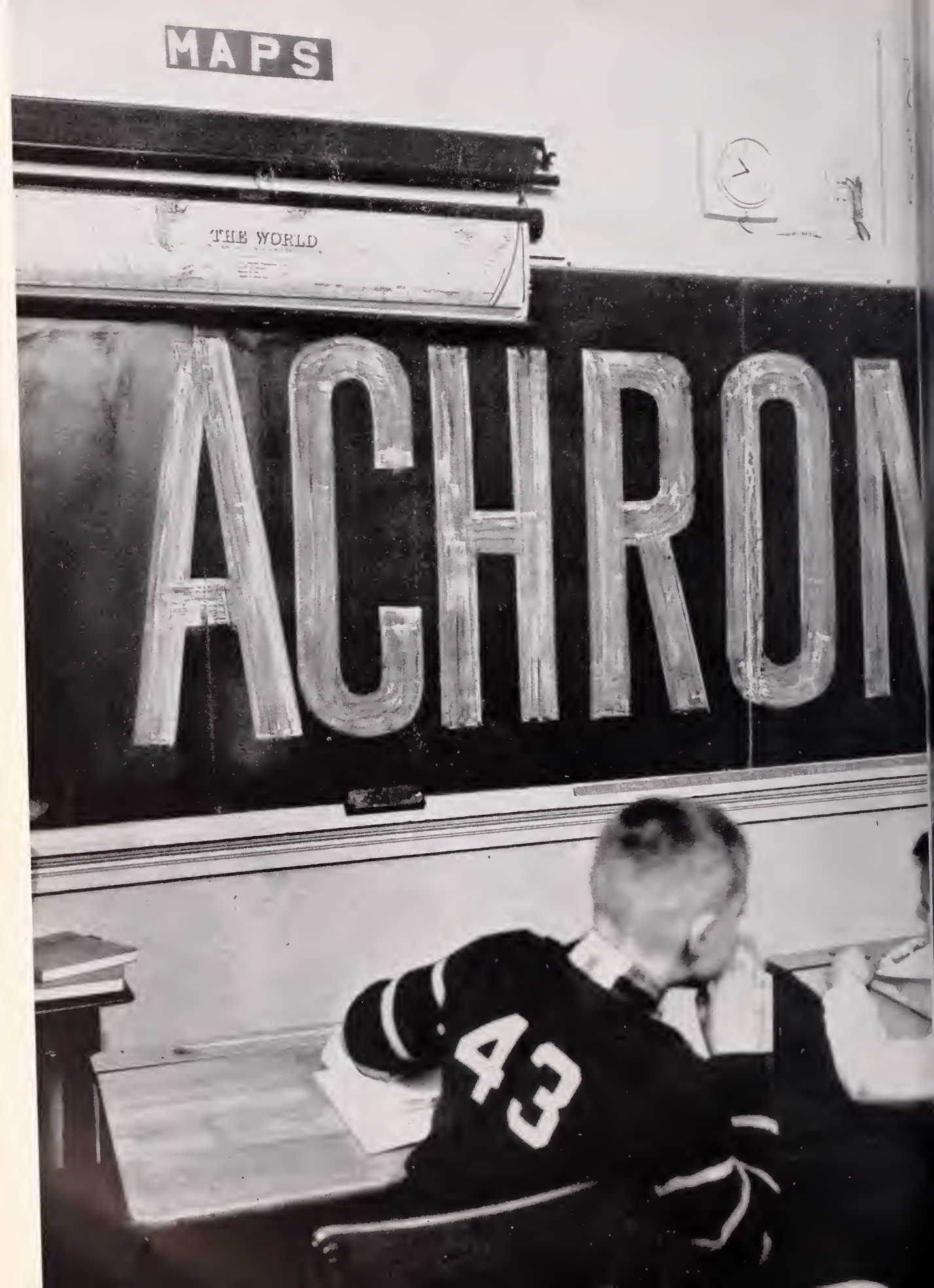
The oral administration of 100 mg. of Furadantin four times daily, as is generally recommended, was prescribed in all but two cases. The patients in both exceptions were men with large

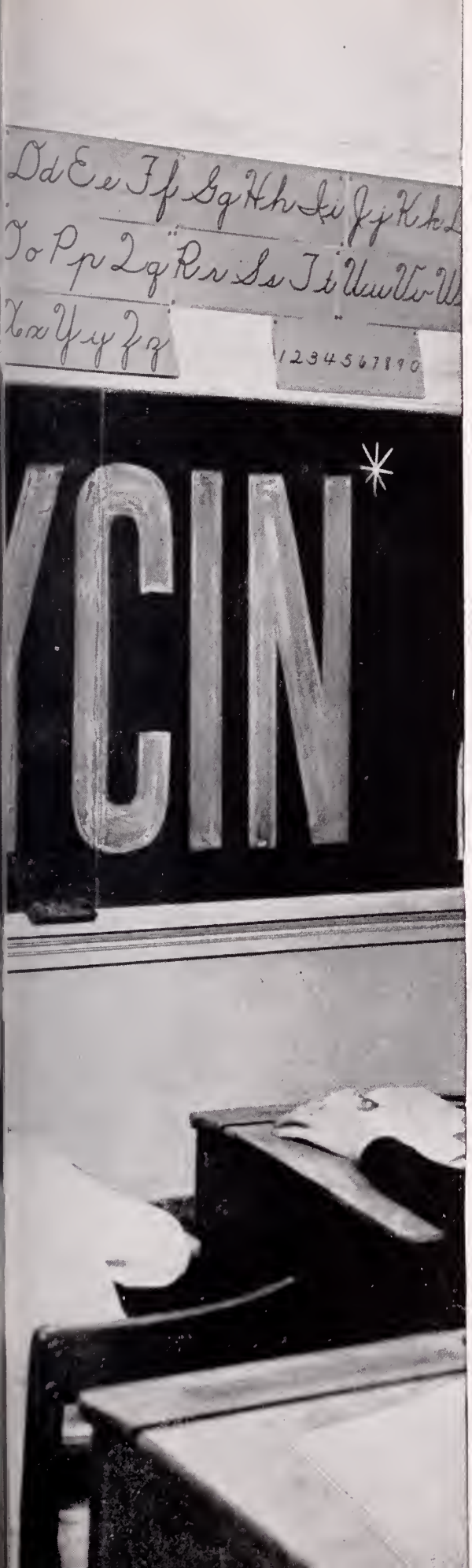
TABLE IV

PATIENTS INFECTED WITH 2* DIFFERENT BACTERIAL SPECIES

Species	# Cases	Urine Assay +	Urine Assay −	Organisms Resist.	Organisms Suscep.	Patient Rx Intolerant	Bact. Cure +	Bact. Cure −	Clin. Cure +	Clin. Cure −	Remarks
A. aerogenes Proteus sp.	4	4	0	2	2	0	2	2	3	1	1 Resist. Proteus in 2 cases, no bact. cure, clin. cure in 1 case with resistant organism.
A. aerogenes E. coli	8	6	2	4	4	1	4	4	5	3	1 pt. refractory to Rx. 3 pts. — resist. organ. 1 pt. resist. organ. had bact. & clin. cure.
A. aerogenes Pseudomonas sp.	1	1	0	1	0	0	0	1	0	1	
E. coli Proteus sp.	2	1	1	0	2	0	1	1	1	1	One pt. Rx 1 week.
E. coli Enterococci	3	2	1	0	3	0	1	2	1	2	1 no assay at any time tho' organ. suscep. One, last spec. Enterococci present, no assay obtained.
A. aerogenes Enterococci	1	1	0	0	1	0	1	0	1	0	
Pseudomonas sp. Enterococci	1	1	0	1**	0	0	1	0	1	0	
Pseudomonas sp. E. coli	1	1	0	1	0	1	0	1	0	1	Pt. intolerant to Rs.
TOTAL	21	17	4	9	12	2	10	11	12	9	

* More than 1 organism isolated sometime during treatment, not necessarily simultaneous infection.
** Though a resistant Pseudomonas species was present, therapy was effective.


MAPS
THE WORLD
ACHRON
43



ACHROMYCIN*

Tetracycline *Lederle*

in the treatment of

respiratory infections

January and his associates[1] have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

Each month there are more and more reports like this in the literature, documenting the great worth and versatility of ACHROMYCIN. This antibiotic is unsurpassed in range of effectiveness. It provides rapid penetration, prompt control. Side effects, if any, are usually negligible.

No matter what your field or specialty, ACHROMYCIN can be of service to you. For your convenience and the patient's comfort, Lederle offers a *full* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection—defends the patient—hastens normal recovery. For severe or prolonged illness. Stress formula as suggested by the National Research Council. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

For more rapid and complete absorption. Offered only by Lederle!

Dry-filled sealed capsules

[1]January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.

Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

*REG. U. S. PAT. OFF.

PHOTO DATA: 8 X 10 VIEW CAMERA—WIDE ANGLE LENS, F.32, 1/10 SEC., FLOODS AND SPOTS, ROYAL PAN FILM.

bone structures and obviously were overweight. Each had a susceptible organism and urine assays were positive, but the infection could not be eliminated. The dose was raised to 200 mg. 4 times a day. Subsequent urine cultures became negative. It is our confirmed opinion that although 100 mg. is the considered normal optimal dose of Furadantin, the amount may be raised in some instances to effect a cure. The patient must be tolerant to the drug and the microorganisms should be susceptible in vitro. It was also demonstrated in this study that Furadantin therapy may be maintained over a period of weeks without harmful effects. In one case in our series therapy was maintained for a period of 42 weeks, with ultimate eradication of the significant microorganisms. In another case, one with resistant microorganisms, treatment with Furadantin was continued for a period of 40 weeks, without eradication of the infection and without deleterious effect.

There were six cases in the series in which the patient displayed a definite intolerance to the drug although this was of minor nature, being manifest primarily by nausea which subsided with cessation of the drug or was controlled by the oral administration of Thorazine (chlorpromazine) 10 mg. given simultaneously with Furadantin. Allergic phenomena, as identified by an eosinophilia, could not be demonstrated in a series of cases in which a complete blood count was done during therapy.

Aside from the present clinical study of Furadantin as an antibacterial agent, other data pertinent to urinary tract infection were collected, analyzed and evaluated.

In keeping with the report of Sanford and his co-workers, in 1956, it is our confirmed opinion that in every instance of suspected urinary tract disease a culture must be done. Concomitant susceptibility tests in vitro will offer significant information relative to therapy. The patient should have repeated urine cultures because of the possibility of reinfection by a different bacterial species resistant to the drug being used.

Again, it is our confirmed opinion, as a result of culture studies on 1,102 urine specimens run concurrently with routine urine analysis, that microscopic and macroscopic study, as done by the routine method, may be misleading. Sparkling clear, cell free specimens routinely accepted

TABLE V

PATIENTS INFECTED WITH 3 BACTERIAL SPECIES

Species	# Cases	Urine Assay +	Urine Assay −	Resist.-Suscep.		Bact. Cure +	Bact. Cure −	Clin. Cure +	Clin. Cure −	Remarks
A. aerogenes				0	x					
Proteus sp.	1	1	0	0	x	0	1	0	1	Neg. cure may be due to resistant Paracolobactrum sp.
Paracolobactrum sp.				x	0					
A. aerogenes				1	1					
E. coli	2	2	0	0	2	1	1	1	1	1 pt. with a bact. & clin cure though resist. E. coli & Ps. isolated. No cure with the other pt. with only a resist. Pseudomonas sp.
Pseudomonas sp.				2	0					
A. aerogenes				x	0					Resistant A. aerogenes, but cure was effective.
E. Coli	1	1	0	0	x	1	0	1	0	
Paracolobactrum sp.				0	x					
A. aerogenes				0	x					Sensitivity of these organisms — 15 — 30 mg. %.
Paracolobactrum sp.	1	1	0	0	x	1	0	1	0	
Pseudomonas sp.				0	x					
A. aerogenes				0	x					
Enterococci	1	1	0	0	x	1	0	1	0	
Paracolobactrum sp.				0	x					
A. aerogenes				x	0					
Paracolobactrum sp.	1	1	0	x	0	0	1	0	1	
Ps. aeruginosa (pyocyaneus)				x	0					
A. aerogenes				0	x					
E. coli	1	1	0	0	x	1	0	1	0	
Proteus sp.				0	x					
TOTAL	8	8	0			5	3	5	3	

as normal have been found on bacteriological study to contain as many as 100,000 microorganisms per cc. It is strongly recommended that routine urinalysis without culture not be considered a criterion of cure in urinary tract infection nor diagnostic proof of the presence or the absence of infection at the time of the patient's original examination.

Once more, it is our confirmed opinion that a study of the in vitro susceptibility of microorganisms to the various antibiotic and antibacterial agents should be made without fail when the culture studies are made. It has been demonstrated that there is a significant correlation between in vitro susceptibility of the organism to Furadantin and the cure of the patient by eradication of the infection.

In urinary tract disease reinfection with a secondary bacterial species resistant to the drug being used may and does occur. It is therefore strongly recommended that in conjunction with the treatment in urinary tract infection, all bacteriological studies be supported by in vitro susceptibility tests. This should not preclude the possibility that an original infection may develop resistant mutants. In our experience, however, such an occurrence has been of minimal frequency.

With reference to the present study, in each instance in which microorganisms were found to be susceptible in vitro to Furadantin by the simple disc technic, there was proven bacteriological and clinical cure. Paradoxically, clinical and bacteriological cure did occur in six cases with in vitro resistant organisms. It was further demonstrated that if the microorganism was resistant to Furadantin by the disc technic, cure would not be effected if the bacterial species was Pseudomonas aeruginosa (pyocyaneus) or Paracolobactrum species. On the other hand, it was found that when the infective microorganism was a resistant Proteus or Pseudomonas species (other than aeruginosa), therapeutic trial occasionally resulted in bacteriological and clinical cure.

Summary and Conclusions

1. A series of 100 cases of urinary tract infection in which Furadantin therapy was used is presented. A cure rate of 50 per cent was effected.

2. The dose of 100 mg. of Furadantin administered orally four times a day is considered optimal therapy although a dose twice that amount may be used in overweight individuals.

3. Intolerance to the drug, as demonstrated by nausea, may be controlled effectively by

TABLE VI

PATIENTS INFECTED WITH 4 BACTERIAL SPECIES

Species	# Cases	Urine Assay +	Urine Assay −	Resist.-Suscep.		Bact. Cure +	Bact. Cure −	Clin. Cure +	Clin. Cure −	Remarks
E. coli				x	0					
A. aerogenes	1	1	0	x	0	0	1	0	1	Rx – 12 weeks.
Proteus sp.				0	x					
Pseudomonas sp.				x	0					
A. aerogenes				0	x					
E. coli	1	1	0	0	x	1	0	1	0	Therapy 42 weeks. Cure in-spite of resistant organism.
Pseudomonas sp				x	0					
Paracolobactrum sp.				x	0					
A. aerogenes				x	0					
E. coli				x	0					
Ps. aeruginosa (pyocyaneus)	1	1	0	x	0	0	1	0	1	Therapy 5 weeks.
Enterococci				0	x					
E. coli				0	x					
Enterococci				0	x					
Ps aeruginosa (pyocyaneus)	1	1	0	x	0	0	1	0	1	Therapy 1 week.
Proteus sp.				0	x					
E. coli				0	x					
A. aerogenes	1	1	0	0	x	1	0	1	0	Therapy 7 weeks. Proteus in upper limit of susceptibility range.
Proteus sp.				0	x					
Enterococci				0	x					
TOTAL	5	5	0			2	3	2	3	

TABLE VII

SUMMARY OF 100 PATIENTS TREATED WITH FURADANTIN

Type Infection	# Cases	Cure Bact.-Clin.		Urine Assay Pos.-Neg.		% Cure Bact.-Clin.		Ref. to Therapy	Res. in Vitro Organisms No. Cases
One specie	66	42	42	50	16	63.6	63.6	4	19
Two species	21	10	12	17	4	47.9	57.1	2	9
Three species	8	5	5	8	0	62.5	62.5	0	6
Four species	5	2	2	5	0	40.0	40.0	0	4
TOTAL	100	59	61	80	20	59.0	61.0	6	38

Thorazine 10 mg. administered simultaneously with each dose of Furadantin. There were no instances of patient sensitization in this study.

4. It has again been demonstrated that bacterial culture is the most accurate method of diagnosis of urinary tract infection and that in vitro susceptibility tests are excellent guides to therapy.

5. It has been shown that routine urinalysis cannot be considered a criterion of cure in urinary tract infection. In this study there were some instances in which cell free specimens con tained as many as 100,000 microorganisms per cc

6. It was demonstrated that development o bacterial resistance to Furadantin during therap was not a problem.

References

Dodd, M. C., & Stillman, W. B.: The In Vitr Bacteriostatie Action of Some Simple Furan Deriva tives, J. Pharmacol. & Exper. Therap. 82:11-18, 1944

Sanford, J. P., Favour, C. B., & Mao, F. H.: Evaluatio of the "Positive" Urine Culture. Am. J. Med. 20:88 1956.

The Adequacy of Medical Education

MEDICAL SCIENCE during the first half of this century has progressed so rapidly that medical education has become dyspneic and almost decompensated in her efforts to maintain an academic equilibrium. Standard therapeutic procedures of yesterday are obsolete today and diseases which decimated populations just a few years ago are now only of historic interest. New horizons of scientific discovery constantly expand medical armamentaria and open new vistas in the conquest of disease.

In the backwash of this turbulence of scientific progress, medical education, in her efforts to keep abreast of the times, finds herself in the throes of a revolution. Medical educators in an introspective mood are attempting to re-evaluate objectives in the light of phenomenal scientific progress. The question of the adequacy of medical education is one demanding serious thought on the part of all physicians.

In brief reiteration, the major problems facing medical education include: a balanced premedical curriculum with closer liaison between the university and the school of medicine; correlation of the undergraduate curriculum, both horizontal and vertical; the realization that the social sciences as well as the biological sciences are integral parts of medicine; the medical consideration of the total man in his total environment; the inadequate faculty salary schedule; the relationship of the clinical clerk, the intern and the resident in the teaching hospital; the possibility of the overproduction of specialty personnel; and the need for overall organization of the postgraduate medical program.

The optimistic note evident to those who have interested themselves in the adequacy of medical education is the realization that most educators are fully aware of these problems and are facing them with a healthy attitude that does not fear change and welcomes constructive criticism. American medicine owes a debt of gratitude to those unsung heroes who have dedicated their lives to the propagation of medical knowledge.—Melvin A. Caseberg, M. D., in Missouri Medicine.

Rheumatoid Spondylitis

(A Review of 105 Cases)

*John B. Harley, M. D.**

RHEUMATOID SPONDYLITIS is a clinical entity, the natural course of which must be clearly understood before an accurate diagnosis can be made, adequate therapy instituted, and the proper long term prognosis given. The early symptomatology is varied and the time from the earliest symptoms until a definitive diagnosis can be made is a varied period beset by many difficulties, both for the patient and for the physician. After an accurate diagnosis is made, further management of the individual case requires sound clinical judgment based on knowledge of the natural course of the disease and of the possible variants.

In industry, as well as in the Armed Forces and the Veterans Administration, the problem of compensation further complicates accurate evaluation of the individual case. However, while the question of compensation raises certain problems, it does aid materially in obtaining fairly accurate long term follow-ups. With a chronic complaint but with few, if any, abnormal physical findings, such as rheumatoid spondylitis, the average patient will see many physicians until the disease process has reached the point at which a diagnosis is feasible.

In reviewing the records of patients seen at Aspinwall Veterans Administration Hospital during the past ten years, 105 cases were found to have been diagnosed as rheumatoid spondylitis. In the majority of these cases, the patients were regular admissions to the Arthritic Service.

Definition

Rheumatoid spondylitis is known also as rheumatoid arthritis of the spine, Marie-Strumpell arthritis, spondylose rhizomelique and pelvospondylitis ossificans. It usually is described as a progressive, chronic, rheumatic, inflammatory disease of ankylosing tendency, starting, as a rule, in the sacro-iliac joints. Later on the spine is involved, practically always with ascending involvement. At the final stage, calcification and ossification of paravertebral tissue occur. Sometimes the hip, shoulder and peripheral joints are involved. The course of the disease usually is intermittent, with long periods of remission but, on the whole, progressive. Many observers believe the disease to be a spinal variant of rheumatoid arthritis in which the principle pathologic lesion is the ankylosing arthritis of the apophyseal joints of the spine. However, since the time the first description of the changes in sacro-iliac joints was made, about twenty years ago, the concept has emerged that the inflammatory, destructive and, finally, ossification stages of the disease involve not only the apophyseal joints of the spine but the vertebral bodies, the transverse processes, the discs, and the paravertebral soft tissues as well. The same processes may be seen in the sacro-iliac joints, the symphysis pubis, manubriosternal synchondrosis and the acromioclavicular joints.

*From the Medical Service, Veterans Administration Hospital, Pittsburgh, Pa., and the University of Pittsburgh School of Medicine.

The Author

- J. B. Harley, M. D., Assistant Professor of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.

Age

The average age at onset in this series was 28 years, the median age 26 years, with extremes of 12 years and 63 years, the onset in the vast majority of cases occurring between the ages of 16 and 35 years. It should be emphasized, however, that in 8 per cent of cases, the initial symptoms occurred in men past 40 years of age.

Mode of Onset

Pain is the outstanding symptom during the active phase of this illness, usually being worse in the early morning hours with decrease in severity as the day progresses. The pain is quite variable, an occasional case progressing to complete ankylosis with the patient having practically no symptoms. Many of these cases will be misdiagnosed, the patient being classified as neurotic

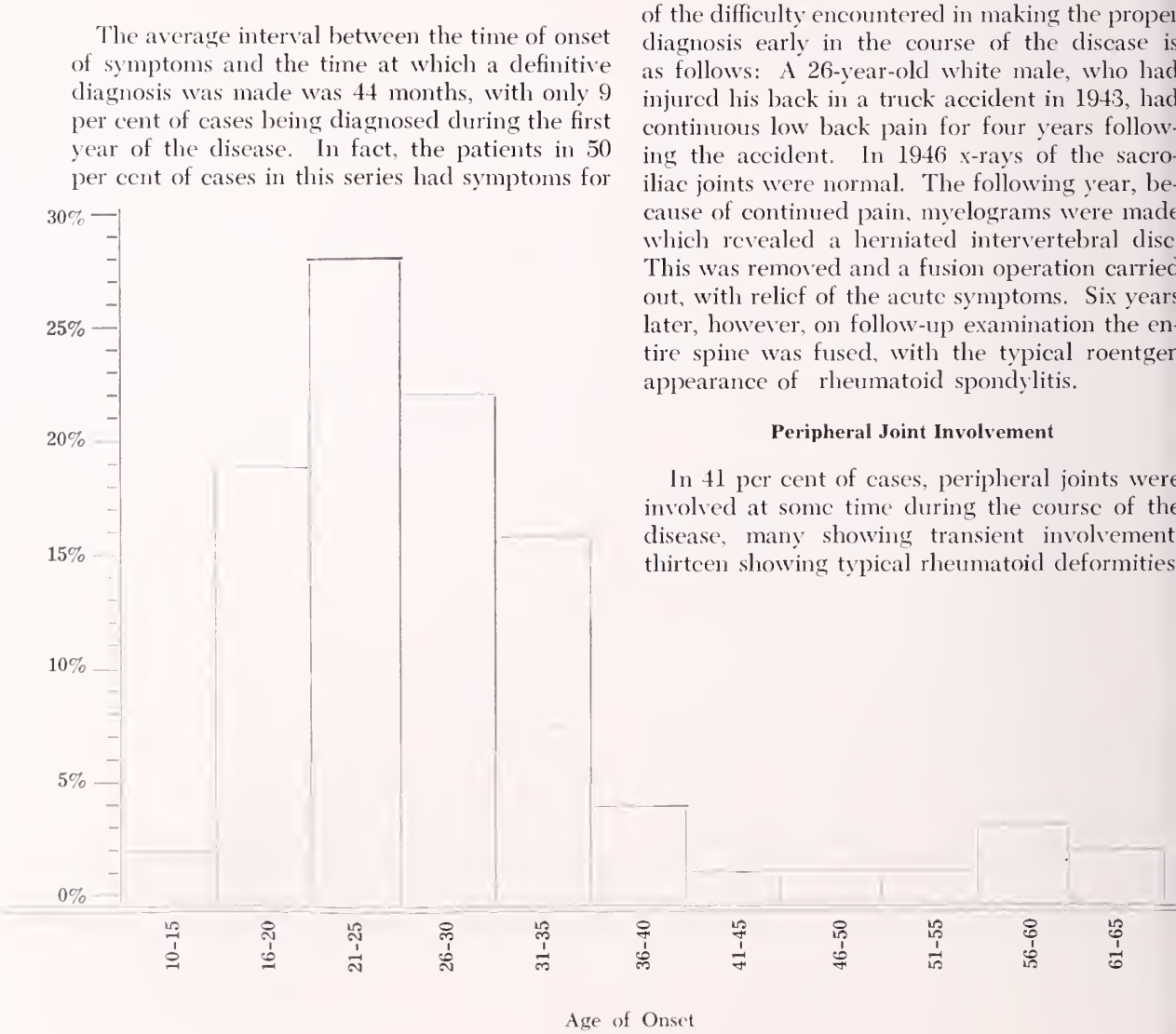
or as a malingerer, especially in the early stage before x-ray evidence is present. This is especially true if abnormal physical findings are absent or minimal and the laboratory findings are equivocal. By far the largest group in this series (47 per cent) experienced low back pain as the initial symptom. The next largest group (20 per cent) had pain in one or both legs (this did not include those who had low back pain with associated radiation of pain to the leg). A third group (19 per cent) had symptoms which they ascribed to an injury of the back; the majority of patients in this group gave low back pain as their initial complaint. A much smaller group (5 per cent) had symptoms referable to the cervical region, shoulders and arms, and another group (4 per cent) was found to have typical x-ray changes of the sacro-iliac joints but no symptoms.

Delay in Diagnosis

The average interval between the time of onset of symptoms and the time at which a definitive diagnosis was made was 44 months, with only 9 per cent of cases being diagnosed during the first year of the disease. In fact, the patients in 50 per cent of cases in this series had symptoms for more than five and one-half years before the proper diagnosis was made. Many tentative diagnoses were made which later proved erroneous, some of these being gout, pleurisy, hypertrophic arthritis, infectious arthritis, kidney disease and prostatitis. In many cases in this series the patients had associated but independent diseases including tuberculosis, gonorrhea, enteritis, bronchial asthma, cataract, acute glomerulonephritis, chronic alcoholism, hypertension, hemiplegia, arteriosclerotic heart disease, diabetes mellitus, epilepsy, lymphosarcoma and bronchogenic carcinoma. To further complicate the diagnostic problem, various other disease complexes may be found associated with or as a complication of rheumatoid spondylitis. In the present series thirteen patients were seen with rheumatoid arthritis, three with rheumatic fever, two with psoriasis, two with iritis, and two with herniation of an intervertebral disc. An example of the difficulty encountered in making the proper diagnosis early in the course of the disease is as follows: A 26-year-old white male, who had injured his back in a truck accident in 1943, had continuous low back pain for four years following the accident. In 1946 x-rays of the sacro-iliac joints were normal. The following year, because of continued pain, myelograms were made which revealed a herniated intervertebral disc. This was removed and a fusion operation carried out, with relief of the acute symptoms. Six years later, however, on follow-up examination the entire spine was fused, with the typical roentgen appearance of rheumatoid spondylitis.

Peripheral Joint Involvement

In 41 per cent of cases, peripheral joints were involved at some time during the course of the disease, many showing transient involvement, thirteen showing typical rheumatoid deformities



Progression of Disease

During the year following onset of symptoms, no case had progressed to complete fusion, while 44 per cent were classified as showing minimal changes. The patients who were followed for longer periods showed a gradual increase in disability until, after ten years, only 8 per cent were still classified as minimal while 46 per cent had progressed to complete ankylosis. Even after ten years, however, patients in 54 per cent of cases still retained some mobility of the spine. In classifying the involvement into four groups—minimal, moderate, severe changes and complete ankylosis—the following percentages were obtained:

Duration of Illness	*Minimal*	*Moderate*	*Severe*	*Ankylosis*
First year	44%	22%	33%	0%
Under five years	14%	42%	19%	25%
Six to ten years	9%	27%	23%	41%
Over ten years	8%	31%	15%	46%

Discussion

In comparing this series with previously reported groups, the over-all picture is quite similar. The average age at onset, in males, usually is reported as 33 years, while in the present series the average age at onset was 28 years and the median age 26 years. This discrepancy probably is due to the fact that patients in Veterans Hospitals are a selected group and are not representative of the general population as to age and sex.

The apparent role of trauma in cases in this series is much greater than that in Fletcher's series (1944). Fletcher reported trauma as an etiologic factor in only 4 per cent of cases, whereas in the present series trauma may have been a factor in 19 per cent of cases. In Fletcher's group 56 per cent of the males were classified as employed in sedentary occupations, while in this group practically all had been subjected to basic training and active military duty.

Tuberculosis and gonorrhea both have been cited as possible etiologic factors, but in the present series tuberculosis was associated in only one instance and gonorrhea had immediately preceded the initial symptoms in only one case. Rheumatic fever was seen in three cases, not an unusual incidence in this age group.

It is rather interesting to compare the delay in diagnosis in this series of cases with that in Fletcher's series. He reported an average delay of 40 months for the male, and in the present series the delay was 44 months. The interval between the time of onset and the time of diagnosis did not differ greatly from that reported by Fletcher.

In analyzing this series of cases as to duration of illness and degree of disability, one is struck by the relentless progression of this disease. It generally is considered that the changes seen in the sacro-iliac joints constitute the earliest demonstrable evidence of the malady from a roentgenologic viewpoint. Regardless of presence or absence of symptoms, the vast majority of cases in which such changes appeared progressed to a degree of marked physical limitation. This series showed little correlation between the severity of physical findings, roentgen findings, and industrial adaptability.

Of the number considered as having progressed to complete ankylosis, 61 per cent were considered able to be gainfully employed, and several patients actually were doing heavy labor. In the cases of those with the typical 'bamboo deformity' of the spine and a rigid thoracic cage, the pain usually ceased but the disability present was due chiefly to orthopedic deformities, to a lesser extent to decrease in pulmonary ventilation, and to the systemic effects of a chronic debilitating disease. However, with the passing of time the industrial adaptability of members of this group decreased irrespective of the stage of ankylosis. Of the number of patients who had had symptoms for less than one year, 100 per cent were classified as having good industrial adaptability. With longer duration of the disease, the percentage of cases in which the patient was able to be gainfully employed decreased until at five years 60 per cent and at six to ten years only 45 per cent were classified as having good industrial adaptability. After ten years only 23 per cent were so classified. These figures, better than any other consideration, show the relentless progression characteristic of rheumatoid spondylitis.

Conclusions

The conclusions of Hench, Slocumb and Polley, in 1947, seem to be well substantiated by the cases in the present series. At that time, these observers stated: "There are many variations in the severity and course of the disease and in the reaction (and speed of reaction) of individual patients to it, that no precisely defined anatomic, clinical, or radiological stages can be established. Only in a general way can roentgenographic changes be correlated with symptoms and physical signs of the disease. An intelligent guess would be that most patients can expect their disease to become relatively inactive after an average of about ten years."

To the above I would add that in about one-fourth of these cases, the patients after 10 years

still can be gainfully employed and, if disabling orthopedic deformities are prevented, many more can engage in occupations within their physical limitations.

Summary

One hundred and five cases of rheumatoid spondylitis are reviewed, with particular reference to the following aspects of the disease:

1. Etiological factors.
2. Early symptomatology.
3. Age at onset.
4. Delay in diagnosis.
5. Progression of disability.
6. Prognosis and industrial adaptability.

References

1. Comroe, B.: Arthritis and Allied Conditions, Philadelphia, Lea & Febiger, ed. 3, 1944, pp. 640-664.
2. Fletcher, E.: Medical Disorders of the Locomotor System Including the Rheumatic Diseases, Baltimore, The Williams and Wilkins Co., 1947, pp. 430-447.
3. Hench, P. S., Slocumb, C. H., & Polley, F. H.: Rheumatoid Spondylitis: Questions and Answers, Med. Clin. North America 31:879-906, 1947.
4. Romanus, R., & Yden, S.: Pelvo-Spondylitis Ossificans, Chicago, Year Book Publishers, Inc., 1955.

Hormone Therapy in Rheumatic Fever

When hormones were first used in the treatment of active rheumatic fever it was hoped that they would, by their anti-inflammatory action, shorten the course of the illness and lessen the incidence of heart disease by preventing valvular swelling and scarring. This was a reasonable rationale, and it is disappointing to find, in the first good study available, that hormone therapy does neither, and is in the majority of instances no better than asprin.

The study referred to is the United Kingdom and the United States Joint Report on Rheumatic Fever, a report relating to children under 16 years of age and comparing the effect of ACTH, cortisone and aspirin on the course of active rheumatic fever and the incidence of rheumatic heart disease through one subsequent year. It is a well planned and detailed investigation, still continuing, in which there is random allocation of the drugs and rigid criteria for diagnosis, treatment, and reporting of results. There are few grounds for criticism, yet the question will be raised as to whether the six weeks period of treatment is long enough. . . .

There is at present a tendency to use hormones in even the mildest cases. It should be emphasized that bed rest is the mainstay of treatment, not drugs, and that bed rest should be absolute throughout the entire period of activity, whether drugs are being administered or not. The use of hormones during the low-grade activity of convalescence interferes with clinical observation as to cessation of activity, and hormones should never be used if ambulation is permitted.

The concept of rheumatic activity deserves comment. As far as heart valve damage is concerned, there may be little difference between acute and sub-acute rheumatic fever, and the long periods of low-grade activity, more innocent clinically, may be almost as treacherous in the production of valvular disease.

In all instances it is important to diagnose rheumatic subjects as active or inactive, and all active rheumatic fever should be treated by complete bed rest. When all signs of activity have subsided, gradual ambulation is permitted. Occasionally signs of activity reappear on gradual ambulation, and in this instance further bed rest is indicated before ambulation is permitted again.

It is now felt that hormones should be reserved for treatment where there is danger of death from carditis. Some authors regard hormone treatment in this instance as life-saving, but at present this may be more a clinical impression than established fact.

For nearly all cases of active rheumatic fever, then, the expensive hormones are not better than the inexpensive aspirin, and bed rest remains of prime importance.—J. Gordon Barrow, M. D., in Journal, Medical Association of Georgia.

Special Article

The Curriculum in Medical Technology At West Virginia University

Edward J. Van Liere, M. D., Ph. D., and Gideon S. Dodds, Ph. D.

The School of Medicine of West Virginia University for the school year of 1945-1946 announced and put into operation a curriculum in medical technology leading to the degree of Bachelor of Science in Medical Technology. This development came in response to a feeling by the Dean of the School of Medicine that the University should utilize its resources for the training of students in this important field.

One of the factors, although not the major one, which stimulated the idea of establishing a curriculum of medical technology was that the Dean of the School for a number of years served as chairman of the Advisory Committee on Approval of Laboratories for Syphilis Serology. It will be recalled that the State Legislature in 1939 enacted a Marriage License Law, which in part read as follows:

> Sec. 6-a. Standard Serological Test. A standard serological test, for the purposes of section six, shall be a laboratory test for syphilis approved by the state commissioner of health, and shall be performed by the state department of health or by a laboratory approved for this purpose by the state department of health.

The difficulty was that at the time the law was passed there was not enough well-trained personnel in the various laboratories throughout the state to perform the delicate and exacting serologic tests in a satisfactory manner. When the laboratories were examined by the State Hygenic Laboratory it was found that many had to be taken off the approved list, because many of their serologic reports were inaccurate—there were too many false positives and false negatives reported. This created an acute situation, because there were several areas in the state where people could not obtain their pre-marital blood serological examination. It was at this point that an Advisory Committee on Approval of Laboratories for Syphilis Serology was created.

This is not the place to take up at length the vexing problems which called for immediate solution. The matter is mentioned primarily to point up the importance of well-trained medical technologists.

The Authors

- **Edward J. Van Liere, M. D., Ph. D., Dean, West Virginia University School of Medicine, Morgantown, W. Va.**
- **Gideon S. Dodds, Ph. D., Morgantown, W. Va., formerly chairman of the Committee on Admissions, and secretary of the Faculty of West Virginia University School of Medicine. Connected with the school since 1918. Retired July 1, 1951.**

Origin of Schools of Medical Technology

The educational program for the training of medical technologists in our country is relatively new, being a development of the last four decades. As pathology emerged as a specialty of the practice of medicine, it became desirable that the pathologist be relieved of much of the technical preparatory work, which could be done in an acceptable manner by properly trained assistants who did not have a medical education.

This trend led to the establishment of schools for the training of such personnel. Some of them were operated for profit, a situation comparable to an earlier stage of medical education in our country. As was the case in many of the private medical schools, a certain proportion of them were of inferior quality. It was, therefore, inevitable that some regulatory plan be established by an appropriate agency. In 1928 the American Society of Clinical Pathologists established the Board of Registry of Medical Technologists. Certification by this Board soon became widely recognized as evidence of adequate training for service in diagnostic laboratories.

Standardization of Schools

The certification of technologists soon led to the standardization of schools and the formula-

tion of standards for approval. In the inspection and standardization of schools two agencies have been involved: The Council on Medical Education and Hospitals of the American Medical Association and the American Society of Clinical Pathologists. Thus has developed a well organized program for the training of workers in this important adjunct of the medical profession.

In order that the graduates of a school of medical technology may be eligible for admission to the examination for registry, the course of training must cover at least twelve months of time, and it must include training in certain specified fields. This training must be taken in approved hospitals, or in schools which have access to hospitals of adequate size and with suitable staff and facilities.

For admission to the program, the school must require the completion of two years of work (60 semester hours) in a recognized college or university, this training to include specified courses in science and other fields. Therefore, after graduation from high school, a minimum of three years is required for the completion of such a training program: that is, two academic years of nine months each (pre-technology) and 12 months in medical technology itself.

Many hospitals give such training, drawing their students from persons prepared in various colleges. Some hospital training schools have affiliations with collegiate institutions, in which their work is accepted for college credit. A number of medical schools conduct schools for medical technologists in which the period of training covers four years: two of pre-technology and two of medical technology. This latter type represents the medical curriculum offered by the School of Medicine of West Virginia University.

The Development and Nature of the Curriculum at West Virginia University

When it was decided that a curriculum in medical technology should be offered at West Virginia University, further study made it evident that the School of Medicine was the unit to accept the responsibility for such a program, even though the facilities of other divisions of the University would also be utilized. In the actual initiation and organization of the program, the writers of this paper bore the major share of the work and responsibility of the program, but with the invaluable aid and support of other persons. Of great assistance was the late Dr. C. C. Fenton, at that time head of the department of pathology at the School of Medicine. Especially helpful in the technical phases was Miss Mary Jo Henn, M. S. (now M.D.), a registered medical technologist, who at that time was an instructor in the bacteriology department of the School of Medicine. She set an exceedingly high standard of performance for medical technology students.

It was early decided that a program of two years, leading to the Bachelor's degree should be developed, based upon an entrance requirement of two years in college. To organize the first of the two professional years was not difficult, inasmuch as the School of Medicine and other departments of the University had trained personnel and suitable facilities for offering this work.

The senior year offered more difficulty, since the University had no hospital facilities. To meet the needs for this year, it was finally arranged that students should spend three months in the department of pathology of the School of Medicine; three months in the State Hygienic Laboratory at Charleston, under the supervision of the Director of the Laboratory, Miss Katherine E. Cox; and six months in the Charleston General Hospital, under the direction of Dr. W. G. J. Putschar. More recently arrangements have been made for a six-month period at the Fairmont General Hospital under the supervision of Dr. W. A. Ehrgott. The students, while in the hospitals and the State Hygienic Laboratory, are considered as temporary members of the staff, and are subject to the usual regulations and discipline of the regular staff. In this way they gain practical experience in both technical and personal phases of the work for which they are in preparation.

It was feared that it might be undesirable that the students should be separated from the University community for nine months of the year and removed from the immediate guidance of the medical staff. Fortunately, on account of the high type of the supervising personnel in the outside institutions, the plan, after certain initial adjustments, has worked remarkably well. One exception might be that the students do miss the University social life and activities to which they have become accustomed. The School of Medicine is indeed indebted to the personnel of the several laboratories for their splendid cooperation. When the new Medical Center of the University is completed and in operation, it is planned that the hospital facilities of the Medical School will be utilized in the training of an increased number of students in medical technology.

That the present curriculum is reasonably satisfactory is indicated by the fact that the curricu-

lum at once received the approval of the Council on Medical Education and Hospitals of the American Medical Association. The graduates of the course offered at West Virginia University have been eligible to take examinations for certification given by the American Society of Clinical Pathologists. The further fact that the graduates of the school have made creditable grades in the examinations attests to the sound planning and organization.

The Supervision of the Training Program

From the time of its initiation, the program has been under the supervision of a Committee on Medical Technology, appointed by the Dean of the School of Medicine. The original committee consisted of six members, with the Dean as chairman. At first the committee leaned heavily on the late Dr. C. C. Fenton, but his extended illness during the early phases of the program limited his participation, which ended with his death in May, 1947.

When Dr. M. L. Hobbs became head of the pathology department in the next school year (1947-1948), he brought to the school an invaluable knowledge of the various aspects of medical technology, and it was logical that he be made chairman of the committee. Since that time to him has fallen the main responsibility for maintaining and utilizing the cooperative relations upon which the success of the program rests. In this, and in giving wise guidance to students and graduates, he has been eminently successful.

Last year the program was further strengthened by the addition of another full-time member to the staff of the pathology department, Miss Betholene F. Love, M. S., who is a registered medical technologist. She has a splendid collegiate background and extensive practical experience, including a period of service in the State Hygienic Laboratory. She serves in the capacity of technical director of the curriculum.

Requirements for Admission to the Curriculum

The prerequisites for admission to the curriculum in medical technology at West Virginia University, in compliance with the general requirements, is two years of college work (67 semester hours, exclusive of military science which is a University requirement for males). This work must include specified amounts of English and a modern foreign language, chemistry, biological science, physics, and elective subjects to total the required number of hours. The work may be taken in any recognized collegiate institution. From applicants with this preparation, students are chosen for the limited number of places in the class.

Subjects Included in the Curriculum

During the two years of the actual medical technology curriculum the students are under the jurisdiction of the School of Medicine, but no courses taken during that time may be counted toward the work for the M. D. degree, since the course content is not the same as the regular medical school courses.

In the first year, the program includes comparative anatomy, parasitology, organic chemistry, biochemistry, bacteriology, physiology, histology, and an introduction to clinical laboratory diagnostic methods. Most of this work is given by the School of Medicine Faculty. All of the work up to this point is essentially a preparation for taking up the technical work of the actual training in diagnostic procedures.

The second year (which is a calendar year) consists of the practical work done in hospitals and various laboratories. The following courses are given: applied bacteriology, parasitology, serology, clinical chemistry, electrocardiography, metabolimetry, microtechnique, normal and special hematology, urine analysis, and record keeping. This work completes the requirement for the degree and for admission to the examination for certification.

The Number of Students in the Curriculum

The value of an educational program is measured by the excellence of the preparation of the students, and by the type of service they perform after the completion of their training. Concerning the number of students, it should be pointed out that, inasmuch as a training program in medical technology is essentially an apprenticeship, requiring close individual supervision, it is not possible to train large classes. Indeed, on this point, the Council on Medical Education and Hospitals specifies that ". . . in laboratory practice the enrollment may not exceed two students for each member of the staff". For this reason, registration in courses in medical technology is always rather low.

In this connection some general figures are of interest. According to the report on Schools of Medical Technology, as given in the latest Educational Number of the Journal of the American Medical Association (Oct. 8, 1955), for the year 1954-1955 there were 2,384 students enrolled in 595 schools, an average of slightly more than four students per school. It is also of significance, and perhaps a matter for concern, that this en-

rollment is hardly more than one-half the permitted capacity of the schools. In the year in question, 90 schools reported no students enrolled.

Moreover, the report points out that the number of graduates is showing a decline. From 1952 to 1954 the number fell from 2,063 to 1,955. It might be stated at this point that the nine schools listed for West Virginia in 1956 have a combined capacity of 66 students. Exact enrollment figures are not available, but in all probability the permissible quota is not one-half filled.

Number of Students in Medical Technology Curriculum at West Virginia University

The first class admitted at West Virginia University in September, 1945 had five students. Three of these completed the program and received the Bachelor of Science degree. During the subsequent years, careful planning for the use of the teaching resources has made it possible to accommodate a gradually increasing number of students; for the year 1955-56, the entering class numbered fifteen. Fortunately, each year has brought a sufficient number of acceptable applicants to fill the class quota. Each entering class, as might be expected, has included a few students who, for various reasons, dropped out and did not complete the work for the degree.

To date, a total of 129 students have enrolled in eleven classes. Of these, 116 are women and thirteen are men. A few were special students, and not candidates for the degree. The nine classes which have completed the curriculum (up to and including those entering September, 1953) have included 92 entering students, of whom 80 completed the work and were awarded the Bachelor of Science degree (72 women and 8 men). This is an average of slightly less than 9 graduates per year.

Of the 80 graduates, a recent survey indicates that 48 were employed in 1955. Of these, 28 were in West Virginia, the remainder in other states. The great majority of those employed were working in hospital laboratories. Of the 72 female graduates, 52 (73 per cent) have married, and of those married, 20 (38 per cent) are employed.

The depletion of the ranks by marriage presents an important difficulty in the way of building up an adequate number of medical technologists, which can be minimized by enlisting a larger number of men in the training program. These non-practicing female married graduates do, however, form an important reservoir of trained personnel which can be called upon in case of national emergency. Furthermore, some of them will, for various reasons (including family financial difficulties) return to practice their profession sooner or later. As far as enlisting men in the program, the matter of adequacy of salary is a real obstacle, but one which lies outside the influence of the training schools.

In our own area, the demand for graduates of the University School of Medical Technology remains good; in fact each year has brought more requests for technologists than the graduates can fill.

The Challenge of Obesity

There are approximately 30 million overweight persons in the United States today. The excess weight accumulated can be estimated at no less than 125,000 tons, or well over 100 billion calories. These figures become meaningful when one realizes the dire effects on longevity and on the general health of the victims. It becomes a challenge with the further realization that these facts are common knowledge.

The only logical cause for overweight is overeating. There is no longer any question about this; the dilemna is to find the causes for the increased appetite. Anyone can lose weight if he eats less. This was proved in the concentration camps during the last war and by placing people in hospitals on measured caloric intake. There may be other factors involved, but the basic one is food.—Wilfred Dorfman, M. D., in New York State Journal of Medicine.

Early Ambulation Accepted Practice

Since World War II early ambulation has become an accepted practice on almost all surgical services. This has certainly aided the rehabilitation of the patient, and has shortened postoperative convalescence.

In the past when simple appendectomies were kept in bed for seven days, and hernias for fourteen days or more, a patient required several more days to regain strength needed for ambulation.

Today patients are walking on the day after gastrectomy, colon resection and pneumonectomy. This has speeded convalescence, but many of us have failed to realize that the patient may be ready for hospital discharge much sooner than before. No longer is it necessary to keep patients in the hospital until the time of suture removal. This can be done at the time of the first office visit.

It seems highly illogical to keep a patient walking about the hospital after the 48-72 hours of postoperative discomfort have passed, when he could be more comfortable in his own home. In the past few months it has been our practice to send appendectomies home on the third and fourth postoperative day, and hernias on the fifth and sixth postoperative day. Colon resections, gastric resections and pulmonary resections are discharged on the sixth, seventh or eighth day. Wounds that require drainage may require somewhat longer hospitalization.

The use of a plastic type of spray dressing on "clean" wounds has been of value in convincing patients of the feasibility of earlier departure for home, since they are able to bathe and shower without removing adhesive tape and gauze dressing.

There is no doubt that the marked shortage of hospital beds could be partly relieved by more thoughtful use of the beds that are available. This requires cooperation on the part of the physician. The patient is usually eager to do his part.—Albert Behrend, M. D., in Journal of the Albert Einstein Medical Center.

Medicine at the Crossroads?

Almost from the beginning of my practice I have been told that medicine is at the crossroads, and as I see it, it will be a long while before we get across. I am not speaking facetiously. Medicine, in company with all the institutions which have made America great, has traveled down the road of free enterprise.

Some years ago we arrived at the intersection of the road of Marxist thinking and social planning. Men of medicine have been among those prominent in slowing traffic on that other road, but that traffic is still moving at appalling speed. If the progress of free enterprise is not to be interrupted and if we are ever to get across that intersection, it will be only through the concerted efforts of physicians and all other Americans who recognize the dangers of social planning.

There is little doubt the medical profession will be roundly damned on its opposition to the extension of social security. It will be said that we oppose it because it will hit our pocket book. Actually, in the long run it would not hurt us too badly in that sense, for as more and more of us were forced into the system, we would continue to make decent livings working for Uncle Sam. Of infinitely greater import are the effects it will have on the "protective wing" of the government, the gradual deterioration of the incentive of ambition, and the eventual effects it will have on the economy of the nation, which cannot conceivably pay the cost of an ever expanding welfare state.

We are not across the intersection and will not be for a long while to come, but every one of us can do his bit to make this a better country for his grandchildren. I urge every one of you to devote more attention to matters of government and be prepared to discuss them intelligently with your friends and patients.—John L. Matthews, M. D., in Texas State Journal of Medicine.

Aging Lungs

Lungs begin to age chronologically at birth, and the anatomy and physiology change at an uneven rate from then on.

Actually the potential for change is present before birth. We are not born equal, since the modifications of heredity leave some people less "equal" than others. They are then prone to the ills and weaknesses of their forebears, or the influence of longevity.

The change which dictates color of skin, sex, place of birth, and even family type and occupation thus dictates many extrinsic factors which can influence aging of the lungs.

During life we then proceed to mistreat our lungs in a variety of ways—for pleasure, by occupation, or for sports. They have a great resilience and reserve, however, and are able for a long time to fight off most abuse and neglect . . . Medical science, if given a chance, is able to protect and rejuvenate them somewhat against travail and time, using antibiotics, chemicals, hormones, machines, gases, surgery, etc.

The changing life expectancy figures, which are so very important in Arizona and Florida and parts of California, should be mentioned. The number of oldsters is increasing. Males are living beyond 65 years, and females beyond 70 . . . There are 12 million people over 65 years of age, which is twice the number of 1930, and 4 times that of 1900. It is 8 per cent of the total population . . . Disability is 3 times as common between 65 and 75 as at 40 years. Hospital utilization is 4 times as common by retired as by active employees. . .

The life expectancy may rise further, and the population is increasing at the rate of 3 million per year. It is certain that more lungs will grow older, and that more lungs will contain the changes of age and the diseases which occur or accumulate during later life.—W. H. Oatway, Jr., M. D., in Arizona Medicine.

Means to an End

Lots of times you have to pretend to join a parade in which you're not really interested in order to get where you're going.—Christopher Morley.

The President's Page

"Putting Sense in Accident Laws"

SOME months ago I read an article by Judge Samuel H. Hofstadter, Judge of the New York Supreme Court, entitled "Let's Put Sense in the Accident Laws". I was struck with the soundness of his reasoning when he advocated taking automobile accident law suit cases out of our courts and disposing of them in a manner patterned after the universally accepted system of Workmen's Compensation. He says, "We Americans are the world's greatest builders of automobiles and super highways, but our system of handling law suits arising from automobile accidents is as old fashioned as the original one cylinder horseless carriage."

One day we may find ourselves in court in connection with a suit to recover damages suffered in an automobile accident, and we would be in for some real surprises. Our jury calendars are clogged with thousands of unnecessary cases causing delay to run as high as four or five years in the larger cities, and wasting many thousands of dollars of taxpayers' money.

This change may seem radical, but remember that the advocates of Workmen's Compensation were deemed radicals when they first suggested that method of handling industrial accident cases. Now every state in the union has some form of Workmen's Compensation and industries are required by law to carry liability insurance. The principle of Workmen's Compensation is simply that industry must bear the cost of accidents that are bound to happen in factories.

If a workmen is injured he is awarded compensation by a state board as outlined by a set schedule and no attempt is made to establish the blame for the accident. Therefore, courts and law suits are eliminated and the injured person does not take the chance of getting nothing for his injury or waiting months or even years for a settlement. At the same time excessive law suit fees are eliminated.

If we were to apply the same principle to injuries received in automobile accidents it would be necessary to require all motor vehicle owners to carry liability insurance. Awards for damages would be made by a compensation board based on established schedules and paid by an insurance company or a state insurance fund. I feel sure that the premium rate to car owners would be less, due to the decrease in costly legal processes for which the insurance companies must now pay. A compensation board would give everyone a fair settlement within a comparatively short time. Adjustments for establishing compensation for different professions and for all economic strata might be a problem, but not an insurmountable one.

The National Safety Council reports that it will be a miracle if we do not have more than 41,000 killed in the United States this year on account of automobile accidents. Last year 38,300 were killed, 1,350,000 were injured and property loss from automobile accidents was figured in the billions of dollars. This is a big national problem. Perhaps something can be done about it.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

SLOW UP . . . AND LIVE

Each year thousands of farmers die or are seriously injured as a result of accidents on the farms. This accident rate is one of the most perplexing problems encountered by those interested in finding a solution to this one of many rural health problems.

One observer at last year's Rural Health Conference at Jackson's Mill, which is sponsored annually by the West Virginia State Medical Association, suggested that perhaps the wisest policy for the farmer would be to follow the old adage, "Slow Up and Live." He was referring, of course, to the farmer who drives himself into a state of exhaustion in an effort to complete his work in too short a period of time. As a result, he endangers not only his own life, but also that of his fellow workers and neighbors.

In 1954, deaths from farm accidents in this country totaled 14,000, or a rate of 61.7 deaths per 100,000 farm residents. Undoubtedly, one of the points for discussion at this year's Rural Health Conference, which will be held again at Jackson's Mill on October 4, will revolve around this high accident rate on the farms.

A recent article in the Journal of the American Medical Association pointed out that among major industries, farming ranks third in the number of accidental deaths per 100,000 workers. The author, Dr. Franklin H. Top of Iowa City, said that motor vehicle accidents were responsible for the greatest share of accidental deaths, followed by "work" accidents, including accidents from the use of farm machinery. He blamed this incredibly high death rate upon the mechanized features of most present-day farms.

Today, many farmers think nothing of working more than 10 hours a day in the fields with a tractor. This was not true when they were forced to rest their work horses at frequent intervals. The prevailing accident rate due to extreme fatigue vividly illustrates this point.

Another big reason for farm accidents is carelessness in the handling of machinery and poor safety design on the part of the manufacturer. Although the latter has, for the most part, been corrected by the manufacturers of farm equipment, the fact still remains that the farmer must be taught to employ these new features designed for his own safety. The physician practicing in rural areas can render invaluable service by emphasizing this important point, as his opinion is generally respected by his rural neighbors.

We can best help to remedy this high prevailing death rate from accidents on the farm by encouraging the farmers to avoid fatigue brought on by overwork, and to heed the words of their farm leaders who endeavor to educate them concerning safety on the farm.

For a long time the United States Internal Revenue Bureau held that "refresher" courses in

the professions were an "investment" and not a "business expense." A year or two ago this policy was changed as to the legal profession, and now, after prolonged effort by the AMA Law Department, a regulation has been issued permitting physicians to deduct their expenses in taking post-graduate "refresher" courses.

PG COURSES AND TAXES

The regulation, effective August 9, provides that expenditures for education are deductible if they are for a "refresher" or similar type of course taken to maintain the skills directly and immediately required by the physician in his employment or business. An educational course to be covered should be designed for established medical practitioners to help them keep abreast of current developments in the profession; it should be of short duration; it should not be taken on a continuing basis, and should not carry academic credit. Education designed to prepare the practitioner to enter a specialty will not be acceptable.

When a physician travels away from home primarily to obtain "refresher" education, his expenditures for travel, meals, and lodging while away from home are deductible. However, expenses for personal activities such as sightseeing, social visiting or entertaining, or other recreation will NOT be allowed.

This is as it should be. Keeping up with advances in medicine by "refresher" courses is as much a "business" expense as is the cost of medical periodicals, a deduction which has never been questioned.

In taking modest note of the fact that its first issue appeared in August, 1906, *The West Virginia Medical Journal* reproduces in its current number the first page of Vol. 1, No. 1. Apart from the masthead, that page is given over to the first paragraphs of the president's address delivered at Webster Springs on June 20, 1906, by S. S. Wade, M.D., Morgantown. Curiously enough, that address was on the subject, "The Standard of Medical Education as Advanced by Organization," not an untimely topic even for today.

GOLDEN ANNIVERSARY

The real purpose of taking note here of *The Medical Journal's* golden anniversary, however, is to set down the lay opinion that it is a whacking good periodical, and is better today than ever before. It is a handsomely turned out publication, attractive in typography and editorial arrangement, and solidly buttressed by page after page of revenue-producing advertisements.

Its editor is and long has been Dr. Walter E. Vest of Huntington, to whom the medical profession of West Virginia owes a deep vote of thanks for long years of eminent service in representing it in various fields inadequately characterized as "public relations." Its managing editor and business manager is that personable and competent fugitive from politics, Charles Lively, who has proved his usefulness in the editorial chair even more conspicuously than in his remarkably capable political service.

Only the professionally elect can be heard to appraise *The Medical Journal's* scientific articles, but any interested reader is competent to testify that its editorials, its news reports, and its special departments are always interesting to read and, taken all together, present a fair and favorable picture of the medical profession in West Virginia.—Morgantown Post.

Actual construction of the Basic Sciences Building of the new WVU Medical Center is about 80 per cent completed. The colored facing-glass is being installed on the exterior of the building and, when finished, this will complete all of the exterior work.

THE NEW WVU MEDICAL CENTER

As far as the interior is concerned, all of the room partitions are in place. For the most part, these partitions are unglazed tile with a different color being used on each floor. For instance the first floor in grey; second, yellow; third, brown; etc. The ceilings of some 30-40 per cent of the rooms have been plastered so that the next step will be laying the asphalt tile and then painting where necessary.

The entire building has been designed to reduce maintenance to a minimum. Practically all of the walls are tile as mentioned above and, thus, are washable. They do not require paint. The ceilings are plaster and will have to be painted, but only at infrequent intervals. The floors are covered with asphalt tile which is an economical type of floor to clean and maintain. All windows are four feet square divided into four sections and with aluminum frames. These windows will swing on a central pivot so that they can be opened and washed from the inside.

When the plastering, painting, and floors are complete, the laboratory furniture will be installed. This will require about six months. Thus, as planned, this building will be ready for classes by September, 1957.

Looking back upon the work to date, it is realized immediately that conditions throughout this period have favored construction. During the fall of 1954 and winter of 1955, the weather was comparatively mild, so that the excavation and foundation work were not delayed. The steel was delivered on schedule and the exterior masonry work was done in favorable weather. Last winter was quite severe, but by that time the building was under roof and heat was available for inside work. There have been excellent labor relationships and no prolonged strike difficulties.

A STOREHOUSE OF GOOD WILL

Blue Shield and its companion Blue Cross have accomplished the most stupendous enrollment of any insurance program ever offered the American people — at a minimum of expense and by relatively "low pressure" sales methods. This accomplishment has been possible because there is now an almost universal desire for protection against the costs of unpredictable illness. The chief reason why so many people have chosen Blue Shield is that they know it is recommended and supported by the medical profession, and most people have confidence in the nation's doctors.

By the same token, more Americans have chosen Blue Cross than any other hospital insurance program because Blue Cross is sponsored by the hospitals, and the public believes in the integrity and efficiency of our voluntary hospital system.

Doctors and hospitals have created for themselves an immeasurable store-house of good will in these plans. But the preservation of this great asset depends upon eternal vigilance on the part of physicians and hospitals.

When the doctor speaks well of Blue Shield, when he renders the best service he is capable of rendering to Blue Shield patients, when he tries to conserve the resources of Blue Shield against extravagance or abuse, when he conscientiously fulfills his voluntarily accepted obligations as a participating physician, then he is helping to preserve and increase this asset. He is helping to make ever more formidable the shield that protects the freedom of medical practice.

MEDICAL TECHNOLOGISTS

Elsewhere in this issue will be found an article which deals with medical technologists. These workers play an extremely important role in the field of clinical medicine. The value of laboratory tests carefully performed by well-trained and competent medical technologists can hardly be over-emphasized. In numerous instances the physician lays strong emphasis on laboratory findings before arriving at a final diagnosis. Physicians, patients, and hospitals are greatly indebted to these highly trained and intelligent workers.

It has been reported (*JAMA*, Oct. 8, 1955) that for the year 1954-1955 there were 2,384 students enrolled in 595 schools of medical technology, slightly more than an average of four students per school. It is a matter of concern that this enrollment is hardly more than one-half the permitted capacity of the schools; 90 schools reported no students enrolled. The report points out, moreover, that the number of graduates is showing a decline. From 1952 to 1954 the number fell from 2,063 to 1,955. The nine schools listed for West Virginia in 1956 have a combined capacity of 66 students. Exact enrollment figures are not available, but in all probability the permissible quota is not one-half filled.

Presumably the main cause for the decline in enrollment is the inadequacy of salary paid medical technologists. It seems hardly necessary to stress that such carefully trained workers who have a real responsibility should be well paid for their valuable services. The technologists are giving inestimable service to their fellowmen. They, like physicians and nurses, are often on twenty-four hour call. Let us not forget the high ideals which motivate these workers, and let us not undervaluate their skill, patience, enthusiasm and willingness to serve.

Expert Testimony in Court

Frequently the reason given for avoiding testimony in court is, "I do not know anything about legal matters and have no experience with courts." The fact is that the medical witness requires no legal knowledge. Ignorance of legal procedure and of the law is no handicap; sometimes it is an advantage.

There is such a thing as a courtroom manner, analogous to a bedside manner in daily practice, which improves with experience, but it is not the essential qualification for an expert witness to have . . .

Every competent physician is a competent expert witness within his field. This is the opportune time, therefore, for physicians to accept their obligation of providing our courts with the expert testimony needed for the administration of justice. This will promote community health and insure the rightful prestige of the medical profession.—Leopold Brahdy, M. D., in New York State Journal of Medicine.

Nothing is easier than fault-finding; no talent, no self-denial, no brains, no character are required to set up in the grumbling business.—Robert West.

GENERAL NEWS

Ninth Rural Health Conference At Jackson's Mill, Oct. 4

Dr. F. S. Crockett of Lafayette, Indiana, and Mr. Aubrey D. Gates of Little Rock, Arkansas, chairman and field director, respectively, of the AMA Council on Rural Health, will be guest speakers at the Ninth Annual Rural Health Conference at Jackson's Mill, Thursday, October 4, 1956.

The conference is being sponsored by the West Virginia State Medical Association in cooperation with the West Virginia Farm Bureau, the Agricultural Extension Division of West Virginia University, the West Virginia Congress of Agriculture, the West Virginia Home Demonstration Council, and the State Department of Health.

Dr. J. C. Arnett of Rowlesburg, chairman of the State Medical Association's Committee on Rural Health will be in charge of the meeting.

The conference, which will get under way at 10 A. M., will feature four workshops which will function during the morning session, with a leader, recorder and resource representative of the medical profession participating. The workshops will be as follows:

YOUTH: "How Can We as a Group Contribute to Rural Health?" Leader, Miss Ruth Kiester, Upper Tract. Recorder, Richard Brooke, Lumberport, Resource representative, Martha J. Coyner, M. D., Harrisville. (Kanawha County Cottage).

PHYSICIANS: "The Role of the Family Physician in Rural Health." Leader, Dr. H. B. Allen, WVU College of Education, Morgantown. Recorder, Mrs. Eugene A. Tuckwiller, Lewisburg. Resource representative, J. C. Huffman, M. D., Buckhannon. (Assembly Hall).

PUBLIC HEALTH: "The Role of Public Health in Rural Health Services." Leader, Dr. Fred J. Holter, Morgantown. Recorder, David L. Griffith, Charleston. Resource representative, C. Y. Moser, M. D., Kingwood. (Harrison County Cottage).

HOSPITAL AND NURSING CARE FACILITIES: Leader, J. Richard Whetsell, Kingwood. Recorder, Mrs. Marie McDougal, Mannington. Resource representative, N. H. Dyer, M. D., Charleston. (New Classroom Building).

The morning session will be recessed at 12:15 P. M. All those attending the conference will be guests of the West Virginia State Medical Association at a luncheon which will be served in the Mt. Vernon Dining Hall at 12:30 o'clock.

F. S. Crockett, M. D.

Aubrey D. Gates

The afternoon session will be opened at 1:30 o'clock and the address of welcome will be delivered by Dr. Athey R. Lutz of Parkersburg, president of the State Medical Association. The address of Doctor Crockett will follow.

The recorders will prepare brief reports during the noon recess and they will be made available to Aubrey D. Gates, who is scheduled to speak at 2:30 o'clock. A panel discussion, with Mr. Gates as moderator, will follow his address.

The panel will be composed of the leaders, recorders and resource representatives of the State Medical Association assigned to each group. There will be full audience participation with a question and answer period. The closing remarks of the chairman, Doctor Arnett, will be scheduled for 3:50 P. M., and the meeting will be adjourned at four o'clock.

The conference is open to members of all interested groups, and a formal invitation to attend the one-day meeting is being extended to heads of local farm bureaus, home demonstration councils, agricultural extension workers, and personnel of local health departments.

Crippled Children's Society To Meet in Fairmont

The West Virginia Society for Crippled Children and Adults, Inc., will hold its 32nd annual meeting at the Fairmont Hotel in that city on Saturday and Sunday, September 29-30.

The program on Saturday morning will feature two workshops beginning at 9 A. M. The first session will be on the subject of "Fund Raising," and Mr. Louis Grock, second vice president of the West Virginia Society, will preside. The second session will deal with "Service Programs," and the workshop leader will be Mr. Thorold S. Funk, the first vice president.

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, will preside at the Saturday luncheon which will feature an address by Dr. Leslie Hohman, professor of psychiatry at Duke University School of Medicine. His subject will be "Psychological Behavior of the Handicapped Child."

An added attraction at the luncheon will be a demonstration on physical therapy, designed to show its use in various conditions, together with some of the techniques currently employed.

Miss Jayne Shover, associate director of the National Society for Crippled Children and Adults, Inc., will be the principal speaker at the President's Dinner which will be held that evening. Miss Shover will discuss "Goals in Rehabilitation."

Mr. Paul B. Billups, the president, who will preside at the dinner meeting, will present special awards to several persons for their long-term service to the physically handicapped in this state. A musical program also will be presented with a nationally prominent artist participating.

The program on Sunday will be devoted to business sessions of the Delegate Assembly.

Cabell Medical Society to Sponsor Symposium on Endocrinology

A one-day Symposium on Endocrinology, sponsored by the Cabell County Medical Society, will be held at the Prichard Hotel in Huntington, September 13.

The registration desk will be opened at ten o'clock, and guests wil have an opportunity to visit exhibits until eleven o'clock, when the morning session will get under way.

Dr. Charles H. Read, associate professor of pediatrics at the State University of Iowa College of Medicine, Iowa City, will be the sole speaker at the morning session. He will discuss "Endocrine Problems of Infancy."

Immediately following Doctor Read's address, there will be a short recess. No formal luncheon has been arranged.

Three Speakers on Afternoon Program

The afternoon session will be called to order at one-thirty o'clock, and the following program presented:

"Endocrine Problems of the Adolescent."—Anne P. Forbes, M. D., Instructor in Medicine, Massachusetts General Hospital, and Instructor in Medicine, Harvard Medical School, Boston, Massachusetts.

"The Thyroid Gland."—W. W. Engstrom, M. D., Associate Professor of Medicine, Marquette University School of Medicine, Milwaukee, Wisconsin.

"Current Aspects of Adrenal Disease."—Emile E. Werk, Jr., M. D., Associate Professor of Clinical Medicine, University of Cincinnati School of Medicine, Cincinnati.

There will be a cocktail party at six o'clock, and dinner will be served promptly at seven o'clock, with Dr. Thomas G. Folsom as toastmaster. Reservations may be made at the registration desk. The dinner will be $4.00 per person. A panel discussion, with questions and answers, will follow the dinner.

The committee has announced that this will be an open meeting, and a cordial invitation is being extended to physicians in the tri-state area to be present.

Dr. C. A. Hoffman Attends Meeting On 'Dependent Medical Care'

Dr. Charles A. Hoffman of Huntington represented the West Virginia State Medical Association at a meeting in Chicago, July 28-29, which was called for the purpose of reviewing in detail the problem of medical care for dependents of members of the armed services.

Doctor Hoffman joined with representatives of 44 other state medical societies, the District of Columbia, Puerto Rico and Hawaii, at the two-day meeting. He is chairman of the Insurance Committee of the State Medical Association.

The Dependent Medical Care Act, which was passed during the past session of Congress, is scheduled by law to become effective on December 8, 1956.

Doctor Hoffman made a detailed report of the meeting before the Council and the House of Delegates of the State Medical Association at the annual meeting at the Greenbrier last month.

ACP Regional Meeting in Charleston Saturday, September 29

The annual Regional meeting of the West Virginia Chapter of the American College of Physicians will be held at the Daniel Boone Hotel in Charleston, September 29, 1956. Paul H. Revercomb, M. D., F.A.C.P. of Charleston, is West Virginia Governor of the College.

The program for the one-day meeting will provide for the presentation of ten papers, with each speaker being limited to 20 minutes. A 5-to-10-minute discussion period will follow.

Morning Session

The registration desk will be opened promptly at nine o'clock, and the morning session will be called to order promptly at nine-thirty, when the following program will be presented:

"Acryoglobulin with Unusual Characteristics Associated with a Rare Hematological Disorder."—E. L. Crumpacker, M. D., Mary L. Petermann, Ph. D., W. D. Irvine, M. D., The Greenbrier Clinic, White Sulphur Springs.

"Simultaneous Esophagus and Standard Electrocardiographic Leads For Study of Cardiac Arrhythemias."—Albert D. Kistin, M. D., Chief of Medicine, Beckley Memorial Hospital, Beckley.

"Complete Heart Block in Coronary Thrombosis."—R. J. Condry, M. D., and A. C. Thompson, M. D., Elkins.

"The Treatment of Diabetes Mellitus with Carbutamide and Orinase."—W. M. Sheppe, M. D., The Wheeling Clinic, Wheeling.

"Surgery of Coronary Heart Disease."—Morris H. O'Dell, M. D., Charleston.

A luncheon will be served at the Daniel Boone at 12:30 P. M.

Afternoon Session

The afternoon session will get under way at two o'clock, and the following program will be presented:

"Periodic Health Examinations."—Eugene J. Morhous, M. D., James P. Baker, M. D., H. Charles Ballou, M. D., and E. L. Crumpacker, M. D., White Sulphur Springs.

"Effect of Central Nervous System Disease upon the Urinary Track."—Frank Milam, M. D., Charleston.

"Temporal Lobe Pressure Cone."—J. Speed Rogers, M. D., The Wheeling Clinic, Wheeling.

"Arterial Hemografts." R. Thomas Linger, M. D., Charleston.

"Coal Workers' Pneumoconiosis."—Peter P. Ladewig, M. D., Pathologist, Laird Memorial Hospital, Montgomery.

A fifteen-minute intermission period has been arranged for the morning session immediately following the presentation of the paper by Doctor Kistin, and a similar intermission period will follow the paper which will be presented at the afternoon session by Doctor Rogers.

Dr. Wallace Yater Banquet Speaker

There will be a cocktail party at six o'clock at the Edgewood Country Club, and dinner will be served at seven o'clock. The guest speaker will be the Secretary General of the American College of Physicians, Dr. Wallace M. Yater of Washington, D. C.

Program Committee

The program committee is composed of Dr. Richard N. O'Dell of Charleston, chairman, and Drs. A. B. Curry Ellison, Ralph Nestmann, Philip Preiser and Willard Puskin, all of Charleston.

Dr. S. L. C. Stevens Receives Citation

Dr. Sarah L. C. Stevens of Huntington has received a citation from the President's Committee on Employment of the Handicapped for "outstanding services" rendered the handicapped in West Virginia. The presentation was made by Charles Rolfe of Charleston, state chairman of the committee, at the State Conference of Rehabilitation Workers held recently in Ripley.

New AAGP Headquarters Building Dedicated in Kansas City

Dedication ceremonies have been arranged for September 1 for the new headquarters building of the American Academy of General Practice in Kansas City. Several hundred physicians are expected to attend.

The principal speaker at the ceremony will be Dr. Dwight H. Murray, president of the American Medical Association, who is a general practitioner in his home town of Napa, California. Dr. Leonard A. Scheele, retiring Surgeon General of the United States Public Health Service, will be the speaker at the banquet held that evening.

The new building is described as one of the country's finest and most modern medical buildings with 3,000 square feet of floor space in the 4½-story structure. Two-and-a-half levels are below the ground, and the entire building is air-conditioned.

In addition to the ample space provided for the some 75 office employees, the first below-ground floor has a dining room and kitchen, a large meeting room, which can accommodate more than 200 persons, and space for more general business offices.

The AAGP has a membership of more than 22,000 physicians. The Academy was established nine years ago and requires that each member must participate in at least 50 hours of postgraduate training each year to maintain membership in the organization. Mr. Mac F. Cahal is the executive secretary.

Headquarters Offices Moved

The headquarters offices of the West Virginia State Medical Association are being moved as this issue of the Journal goes to press.

The new quarters are on the fourth floor of the Atlas Building, with the entrance at Room 401. Offices have been maintained at 302 Atlas Building for the past fifteen years.

The address for first, second and third class matter remains as Box 1031, Charleston 24. All parcel post should be addressed to 401 Atlas Building.

Relocations

Dr. George T. Flesher of Ravenswood has moved to Kermit, where he is associated in general practice with Dr. E. P. Stepp.

* * * *

Dr. Thornton S. McIntire of Kingwood has completed a two-year course in obstetrics at Bellevue Hospital, in New York City, and has returned to his home community, where he will resume practice within the next few weeks.

* * * *

Dr. Earl M. Peck of Charleston has accepted a residency in surgery at Jackson Memorial Hospital in Miami, Florida, and has moved with his family to that city. His address there is 325 Harvard Drive, Key Biscayne.

* * * *

Dr. W. E. Copenhaver of Bluefield has completed a residency in roentgenology at the University of Virginia and has returned to his home city, where he is associated in the practice of his specialty with Dr. D. V. Kechele at St. Luke's Hospital.

* * * *

Dr. Walter J. Riley, a member of the medical staff at Weston State Hospital, has accepted appointment as senior physician at Laurelton State Village, Laurelton, Pennsylvania, a state training school for mentally deficient females. He moved there with his family late in July.

* * * *

Dr. Thomas E. Fitz, a member of the staff of Stevens Clinic Hospital at Welch, has moved to Hickory, North Carolina, where he will continue the practice of his specialty of internal medicine and cardiology. His office address there is 1247½ Second Street, N. E.

* * * *

Dr. P. R. Santrock of Nitro, who completed his internship at Charleston General Hospital in July, has located for general practice at Cross Lanes in Kanawha County. He has offices in the Cross Lanes Shopping Center.

* * * *

Dr. Ray M. Kessel of Ripley, who recently completed his internship at Jefferson Medical College Hospital in Philadelphia, has located at Logan, where he will be associated in practice with Dr. Walter E. Brewer and Dr. I. M. Kruger.

* * * *

Dr. Frederick G. Shaffer of Nestorville, who has just completed his surgical and urological training at the Massachusetts General Hospital in Boston, has located at Fairmont for the practice of his specialty of urology.

* * * *

Dr. John W. Kramer of Grand Rapids, Michigan has located at Shinnston, where he is associated in general practice with Dr. L. S. Wornal.

* * * *

Dr. Norton H. Bare, chief of the staff at Apple Creek (Ohio) State Hospital, has been appointed by the West Virginia Board of Control as assistant superintendent of the West Virginia Training School at St. Marys. He assumed his duties the middle of August.

Dr. John D. German of Clintonville, Wisconsin, has accepted appointment as chief of surgery at Man Memorial Hospital in Man. He was a member of the surgical staff of the Veterans Hospital in Huntington before moving to Wisconsin in 1949.

S. E. State Journal Conference In Atlanta, Nov. 3-4

The Southeastern State Medical Journal Conference, sponsored by the Journal of the Medical Association of Georgia, will be held in Atlanta, Georgia, November 3-4, 1956. Workshop type meetings will center on such topics as "The Role of the State Medical Journals in Service to Their Respective Associations", "The Journal as a Team Operation", "Format and Makeup", "Advertising", and "Liaison with the Printer."

Another feature will be individual conferences which will be scheduled for each attending state, with Mr. O. M. Forkert of Chicago, typography consultant.

Eighteen states have been invited to participate and to maintain workshop informality, each state being asked to limit their representation to three persons engaged in journal work.

A nominal registration fee of $10.00 per person will be charged to help cover the costs of the meeting.

WVU Health Center Adds New Staff Member

Dr. Mildred Esther Scott of Atlanta, Georgia, has accepted appointment as a member of the medical staff of the University Health Service in Morgantown. She has recently been connected with the Public Health Service in Georgia, as a physician at Mary Washington College, and as a health officer in the Virginia Public Health Administration.

Doctor Martin Among Speakers At AMA Annual Meeting

Dr. Joseph E. Martin, Jr., of Elkins, was one of the speakers before the AMA Section on Preventive and Industrial Medicine and Public Health, held on Wednesday afternoon, June 13, during the annual meeting in Chicago. His subject was "Breathlessness in Coal Miners."

Dr. Edward P. Luongo of Los Angeles, presided at the meeting, which was held at the Cinema Theatre.

Mental Health Facilities Needed

At a meeting held in Beckley the middle of July, the Raleigh County Association for Mental Health went on record as urging the construction of a 1500-bed mental health facility in that county.

The Association adopted a resolution urging the construction of the hospital out of state funds and also recommending that it be equipped and maintained by the state.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

Sept. 9-13—ICS, Chicago.
Sept. 13—Symposium on Endocrinology, Huntington.
Sept. 13-14—W. Va. TB and Health Assn., Beckley.
Sept. 19-20—Ohio GP Acad., Columbus.
Sept. 20—W. Va. Heart Assn., Bluefield.
Sept. 26-28—Mississippi Valley Med. Soc., Chicago.
Sept. 29—ACP Regional meeting, Charleston.
Sept. 29-30—W. Va. Crippled Children's Soc., Fairmont.
Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8-12—ACS, San Francisco.
Oct. 9-14——World Med. Assn., Havana, Cuba.
Oct. 14-17—Med. Soc. of Virginia, Roanoke.
Oct. 22-25—Interstate Postgraduate Med. Assn., Cleveland.
Oct. 26-31—Am. Heart Assn., Cincinnati.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 27-30—AMA Clinical Session, Seattle.

Doctors in the Service

Captain Merle S. Scherr (MC), USA, of Charleston, who has been serving a tour of duty at Fitzsimons Army Hospital in Denver, will be released from the service on August 18 and will immediately resume the practice of his specialty of allergy in his home city, with offices at 803 Atlas Building. He was recently elected to fellowship in the American College of Allergists.

Southern Medical to Present First Service Award

The Southern Medical Association has announced the establishment of its Distinguished Service Award, the first of which will be presented to the recipient of the 1956 Award at the Association's Golden Anniversary Meeting in Washington, D. C., November 12-15.

The Association said the new award was established for the purpose of recognizing a physician-member of the Southern Medical Association for outstanding contributions to the advancement of medicine. Prior to the establishment of the new Award at the annual meeting in 1955, the Association had, since 1912, awarded a Research Medal to 15 recipients. This Research Medal was presented only for work done in the field of pure medical research.

The Distinguished Service Award, which is symbolized by an attractive 14K gold medal, will be bestowed upon some member for outstanding and meritorious work done in any field of medicine or its related and ancillary sciences. In this way, outstanding achievements in the fields of medicine, surgery, research, medical education and in any of the specialties will come within the scope of the Award.

Any member of the Association in good standing will be eligible for nomination for the Award, and any member in good standing may nominate a candidate. The names of three candidates will be submitted to the Council, and the final decision will be made by that group. The public presentation of the award to the recipient will be made during the last general session at each annual meeting.

Southern Medical Will Celebrate Anniversary in Chattanooga

The Southern Medical Association will celebrate its Golden Anniversary with a special program at the Read House in Chattanooga, Tennessee, October 2-3. The program will follow an historical and inspirational pattern, and will not conflict in any way with the annual scientific session of the Association which will be held in Washington, D. C., November 12-13.

The Read House was the site of the meeting in 1906 of representatives from Alabama, Florida, Georgia, Louisville, Mississippi and Tennessee, at which time the Southern Medical Association was organized. The anniversary meeting will be held exactly 50 years from the day the founders met and adopted a constitution and by-laws.

In part, the constitution stated that "the exclusive purpose of this Association shall be to develop and foster scientific medicine. . . It shall not at any time take active part in any economic, political or sectarian questions or concerted movements for securing legislative enactments." This section denoted the fact that the Association was to devote its interests solely to scientific medicine.

This policy has not been changed since the founding of the Association. Likewise, the Constitution made it necessary for a physician to be a member of his county and state medical societies to be eligible to membership in the Southern Medical Association. West Virginia became a member of the Association in later years, together with 15 other states.

Dr. Dwight H. Murray of Napa, California, president of the American Medical Association, will be the official AMA representative at the meeting.

The featured speaker at the dinner on October 2 will be Dr. R. L. Sanders of Memphis, Tennessee, immediate past president of the Association. His subject will be "Fifty Years of Medicine in the South." Doctor Sanders graduated in medicine at Nashville in 1906, his fifty years of practice running concurrently with the fifty years of the Southern Medical Association.

At the morning session on Wednesday, October 3, a plaque placed in the Read House commemorating the birth of the Southern Medical Association there 50 years ago will be unveiled.

Mr. C. P. Loranz, advisor and professional relations counselor, and formerly secretary-manager of the Southern Medical Association, is in charge of arrangements for the Golden Anniversary celebration.

New Allergy Clinic in Wheeling

The first free teaching allergy clinic to be established in West Virginia was opened late in July at the Ohio Valley General Hospital in Wheeling, with Dr. Martin D. Reiter, of that city, in charge.

The clinic will be used for indigent patients, and Dr. M. B. Williams, medical director of the hospital, has agreed that interns and residents in medicine may participate and receive training there in this particular specialty.

FOR CORRECTION
SEE

Medical College Group to Meet In Colorado, Nov. 12-14

The 67th annual meeting of the Association of American Medical Colleges will be held at the Broadmoor Hotel in Colorado Springs, Colorado, November 12-14. There will be no registration fee.

Pre-conference meetings will be held on Sunday, November 11, the day preceding the formal opening of the meeting.

Adolph W. Schmidt, president of the A. W. Mellon Educational and Charitable Trust, will be the guest speaker at the annual dinner of the Association which will climax the first day's program on Monday evening, November 12. The winner of the 1956 Borden Award in Medical Sciences will also be announced at the dinner. John H. McCain, secretary of the Borden Company Foundation, Inc., will make the presentation of the award.

Doctor Copenhaver Certified

Dr. W. E. Copenhaver, a member of the staff of St. Luke's Hospital in Blufield, has been certified by the American Board of Radiology.

Charleston Physician Active At AMA Meeting

One of the busiest physicians at the annual AMA meeting in June was Dr. I. E. Buff of Charleston, who was on duty at an exhibit booth on the Navy Pier throughout the meeting.

The exhibit titled "A Yearly Physical Examination for Every M. D.," was equipped with an x-ray and electrocardiograph to examine physicians visiting the booth. The exhibit was sponsored jointly by the AMA Section on General Practice, the American Academy of General Practice, and the National Tuberculosis Association.

The following was taken from the "Secretary's Letter," written by Dr. George L. Lull, secretary-general manager of the AMA:

"Within a few moments the ECG tracing and the x-ray diagnosis were made available to the physician. Dr. I. E. Buff, Charleston, W. Va., cardiologist who was on duty at the booth and read many of the tracings, is convinced after his experience that many doctors are too neglectful of their health.

"A study of the results revealed one surprising fact: 58 doctors or 6 per cent of the total who underwent x-ray examination had suspected tuberculosis."

Doctor Lull reported that a total of 965 chest x-rays and 1083 electrocardiograms were taken at the booth. Negative findings were reported in 861, or 83.5 per cent of the x-rays; suspected tuberculosis in 58, or 6 per cent; cardiac findings in 42, or 4.3 per cent; and, other pathology in 59, or 6.1 per cent.

Electrocardiogram results showed negative findings in 821, or 84.9 per cent; abnormal ECG in 97, or 10 per cent; and borderline ECG in 49, or 5.1 per cent.

Dr. Leroy E. Burney Appointed New Surgeon General

Dr. Leroy E. Burney has been appointed Surgeon General of the United States Public Health Service to succeed Dr. Leonard A. Scheele who resigned his post on August 1.

Doctor Burney, whose appointment has been approved by President Eisenhower, is a native of Indiana. He received his M. D. degree from the Indiana University School of medicine, and his M. P. H. degree from John Hopkins University School of Hygiene and Public Health.

He has been a member of the Commissioned Corps of the USPHS since 1932. From 1945 to 1954, he served as secretary and state health commissioner of the Indiana State Board of Health, on detail from the USPHS. He was assistant surgeon general and deputy chief, Bureau of State Service, USPHS, from 1954 to 1956. Doctor Burney is a past president of the Association of State and Territorial Health Officers.

Doctor Scheele, who had served with the USPHS for 23 years, was appointed to his third four-year term as Surgeon General last April. It was announced that he will become president of the Warner-Chilcott Laboratories, a manufacturing and distributing unit of the Warner-Lambert Pharmaceutical Company.

Rural Health Study Conference At Purdue, Oct. 19-20

The AMA Council on Rural Health has scheduled a fall study conference for chairmen of state rural health committees. The purpose of the October 19-20 session at Purdue University is to exchange ideas on ways and means of developing better health conditions in local communities. On the tentative agenda are discussions of local experiences and organization, objectives and goals, and ways of working with allied or advisory groups. Through this meeting, the Council hopes to pull the state committees into closer union and clearer understanding of the national objectives.

Dr. J. C. Arnett of Rowlesburg, chairman of the rural health committee, will represent the West Virginia State Medical Association at the conference.

Caleb Fiske Essay Competition

The Trustees of America's oldest medical essay competition, the Caleb Fiske Prize of the Rhode Island Medical Society, announces as the subject for this year's dissertation "The Present Day Treatment of Infertility". The dissertation must be typewritten, double spaced, and should not exceed 10,000 words. A cash prize of $350.00 is offered. Essays must be submitted by January 10, 1957.

Full information concerning the contest may be obtained by writing to the Secretary, Caleb Fiske Fund, Rhode Island Medical Society, 106 Francis Street, Providence 3, Rhode Island.

W. Va. TB and Health Association In Annual Meeting at Beckley

The Thirty-Sixth Annual Meeting of the West Virginia Tuberculosis and Health Association will be held at the New Beckley Hotel in Beckley, September 13-14, in cooperation with the Raleigh County Tuberculosis and Health Association. The registration desk will be opened at nine o'clock on Thursday morning and will remain open throughout the two-day meeting.

The annual business luncheon will be held at noon on Thursday, with the president, Dr. Harold H. Howell of Madison, presiding.

Thursday Afternoon Session

A scientific session, arranged by the West Virginia Trudeau Society, will be held in the afternoon, with Dr. John W. Whitlock of Beckley, president of the Raleigh County Medical Society, presiding.

Dr. H. E. Walkup, chief of surgery at the Veterans Administration Hospital, Oteen, North Carolina, will present a paper on "Asymptomatic Pulmonary Lesions and the Unresolved Pneumonia."

The second speaker on the program will be Dr. Howard M. Payne, professor of medicine, Howard University, Washington, D. C., whose subject will be "Basic Considerations in the Problem of Tuberculosis."

The final paper will be presented by Dr. Sol Katz of Washington, D. C., chief of the division of pulmonary diseases, District of Columbia General Hospital (subject is to be announced).

An executive session of the West Virginia Trudeau Society is scheduled for five o'clock, with the president, Dr. Ralph H. Nestmann of Charleston, presiding.

Steele Trotter Banquet Speaker

A reception will be held at six o'clock, with the members of the Board of Directors of the Raleigh County Tuberculosis and Health Association as hosts. The annual banquet, with Doctor Howell presiding as toastmaster, will follow the reception. The guest speaker will be Mr. L. Steele Trotter, treasurer of the West Virginia Board of Control, who will discuss "Problems Relating to West Virginia Sanatoria."

A meeting of the Board of Directors will be held following the banquet, with retiring and newly elected members in attendance.

Friday Morning Session

The following program will be presented at the final general session on Friday morning, September 14, with Mr. Ray Milliron, president of the Raleigh County Tuberculosis and Health Association, presiding:

"The Role of the Department of Public Assistance in Providing Services to the Disabled."—Mr. Earle Wolfe, Chief, Division of Social Services, West Virginia Department of Public Assistance, Charleston.

"The Public Health Nurse in Tuberculosis Control."—Miss Sheila Dwyer, Assistant Director of Nursing Service, Harlan Memorial Hospital, Miners Memorial Hospital Association, Harlan, Kentucky.

Dr. J. E. Martin, Jr., of the Department of Internal Medicine, The Golden Clinic, Elkins, will be the final speaker on the program. His subject will be announced at the beginning of the morning session.

The annual meeting will close with a business luncheon at 12:15 P. M., with Doctor Howell presiding. The annual address of the president will be delivered at that time.

Annual ACCP Essay Contest For Medical Students

The Council on Undergraduate Medical Education of the American College of Chest Physicians offers three cash awards to be given annually for the best contributions prepared by undergraduate medical students on any phase in the diagnosis and treatment of chest diseases (heart and/or lungs.)

Upon the recommendation of the Council, which was approved by the Board of Regents of the College at their recent annual meeting, the awards will be increased for the 1957 contest. The first prize will be $500, second prize, $300, and third $200. Each winner will also receive a certificate of merit.

The winning contributions will be selected by a committee of chest specialists and will be announced at the 23rd Annual Meeting of the American College of Chest Physicians to be held in New York City, May 29-June 2, 1957. All manuscripts become the property of the American College of Chest Physicians.

Applicants are requested to study the format of *Diseases of the Chest*, the official journal of the College, as to length, form, and arrangement of illustrations to guide them in the preparation of the essay. A copy of the College Journal will be sent upon request. The following conditions must be observed:

The completion of an application form, which may be obtained by writing to the Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois, U.S.A.;

Five copies of the manuscript typewritten in English (double spaced) should be submitted to the College offices in Chicago not later than April 10, 1957; and

The only means of identification of the author shall be a motto or other device on the title page and a sealed envelope bearing the same motto on the outside, enclosing the name and address of the author.

WANTED—Two Staff Physicians for 2,200-bed State (mental) Hospital; must be qualified for State license; active outpatient clinic; salary $5500, plus maintenance.—H. Sinclair Tait, M. D., Supt., Weston State Hospital. Weston, West Virginia.

FOR SALE—X-Ray machine and radium, office furniture and surgical instruments and equipment. Write Room 1111 First Huntington National Bank Building, or phone Huntington 2-6894.

FOR SALE—Complete line of drugs, instruments, scales and office furniture for sale. Property of the late J. H. Ferguson, M. D. Write or phone Mrs. J. H. Ferguson, 215 Wilson Street, Ravenswood, West Virginia.

The West Virginia Medical Journal

October 1956 Vol. 52, No. 10

New Horizons in Medicine*

Athey R. Lutz, M. D.

Realizing that my audience would consist, not only of physicians, but their wives as well, and perhaps even their entire families, it was my desire to select a subject that would be of interest to all. Thus, I have chosen to talk to you on, "New Horizons in Medicine" so that every one may go along as we explore.

The horizon is defined by Webster, in part, as the limit of one's knowledge or experience. The limit, the horizon in medicine, has been extended so many times during the past fifty years, that I decided to record some of the more important events. It is good to look back from time to time so that we can see from whence we have come and therefore predict something of the future. In ignoring the past we somehow at times become wasteful in that we find ourselves discovering and rediscovering things that we should have remembered.

During the past half-century medical scientists have learned more about the nature and treatment of disease, and about its prevention, than in the previous 3000 years. In fact, new discoveries, new methods, new drugs and new treatments now come so rapidly that it is almost impossible for the physician to keep abreast. No doubt that it is the reason why I, along with many others, have chosen a specialty since in so doing, we need keep up with only a part of these rapid changes. Let me assure you that no attempt will be made here to cover all great advances in medicine but we shall, however, consider various types of advance and perhaps try to judge which will be lasting.

Some of the more startling advances in therapy include the discovery of insulin, the liver treatment of pernicious anemia, a working acquaintance with the vitamins and hormones, the antihistamines and, especially, the antibiotics. All this instead of cathartics, antipyretics and shotgun mixtures which we find in the medical textbook of just fifty years ago. Much importance has been placed on the discovery of the hormones of the glands of internal secretion, but no achievement has attracted as much attention as Hench's discovery of the striking therapeutic role of Cortisone and of Corticotropin ACTH in the treatment of rheumatoid arthritis. The importance of this discovery goes far beyond the fact that too much was expected of these hormones in the treatment of arthritis. New avenues have been opened for even more important discoveries, and new uses for these drugs are discovered almost daily. Several physicians in my part of the state would not forgive me if I failed to mention here the frequent use of heparin, dicumeral and other anticoagulants in the prevention and treatment of thrombosis and other associated diseases as one of the important recent advances.

I shall not attempt to cover all the new antibiotics but instead give some consideration to the use of those already established. In the field of infectious diseases the antibiotics took over almost complete control. Pneumonia, the killer, dropped to a relatively minor role, and empyema is now rarely seen. I could go on, mentioning

The Author

- **Athey R. Lutz, M. D., Parkersburg, W. Va., President, West Virginia State Medical Association.**

*Annual address of the President, West Virginia State Medical Association, 89th Annual Meeting, The Greenbrier, White Sulphur Springs, August 23, 1956.

acute mastoiditis and acute hematogenous osteomyelitis, both of which are now rare. Gonorrhea and syphilis seem to be controlled. The most outstanding exception is the common "cold" which causes more loss of work hours than any other disease. One day soon our knowledge will extend beyond the present horizon and the common "cold" will be controlled.

Some concern should be shown regarding the frequent occurrence of unusual organisms during antibiotic therapy, also to the fact that when we disturb one organism in the body with antibiotics, other organisms, normally harmless, may become pathogenic and grow quite wildly, such as severe staphylococcic septicemia during successful treatment of pneumococcus pneumonia. This occurrence has been reported on several occasions. Also, it is being pointed out that the number of strains of resistant bacteria during antibiotic treatment seem to be increasing with considerable rapidity. We should not abandon the discussion of antibiotics without emphasizing an old point: antibiotics should be used carefully. Careless surgery should not be covered up by the routine use of antibiotics and, finally, I would like to say that when antibiotic therapy is used, an adequate dose for an adequate period should be prescribed.

During some recent reading I noted that it now has been definitely proved that there is a complete and real relationship between the state of nutrition of the pregnant woman and the incidence of toxemia and fetal malformation. For some years I have believed that malnutrition or, at least, vitamin deficiency is closely associated with congenital deformities such as clubfoot, harelip and the like. I noted that in the deep south eclampsia and toxemia are of much more frequent occurrence than in the north and that they are of more frequent occurrence in the lower income strata. The same could be said of the more severe congenital deformities which distinctly are more prevalent among those in the lower income bracket. In fact, harelip, cleft palate, absence of toes and rib deformities have been produced in rats by placing them on a vitamin deficient diet. Within the lifetime of some of you in this audience, young married couples will be able to go to heredity clinics for information about their unborn children as readily as they now consult medical clinics for family illness. "What are my chances of having a normal baby?" will replace the question now asked, "Is my baby all right?" Doctors especially trained in genetics will be able to predict, with increasing accuracy, whether or not a child will inherit family illness or deformity.

Caesarian section at one time was the most fatal of surgical procedures. As late as 1887 twelve caesarian sections were reported in New York City, with one recovery. Nowadays this operation is a frequent routine and the present day mortality rate has fallen to an unbelievably low figure. In fact, any figure in excess of 1 per cent is frowned upon. While dealing with obstetrics, mention also should be made of the discovery of the Rh factor, the value of x-ray pelvimetry, the control of prenatal death caused by syphilis and the increased knowledge concerning puerperal infection. Even before the advent of the sulfonamides and the antibiotics this infection had been almost completely eliminated.

At the risk of boring most of you unnecessarily, this entire address could have been confined to the subject of orthopedic surgery alone, because in no one specialty has the limit of knowledge been extended so often. The discovery of the x-ray by Roentgen, in 1895, gave orthopedics the added tool needed for the intelligent study and treatment of the skeletal system. Since that time there has been a steady and rapid advance, with better reduction of fractures, better knowledge of bone grafting, of skeletal tuberculosis control, and of treatment of curvatures of the spine by surgical arthrodesis. We have learned more also about backache and sciatica, two of our more common complaints. Not until 1934 was the true significance of the ruptured intervertebral disc explained by an orthopedist by the name of Barr and a neurosurgeon by the name of Mixter. The metal fixation of fractures of the long bones and especially internal fixation of fractures of the neck of the femur, made popular by Smith-Petersen, must be mentioned. This boost in metal fixation was due to the development of an inert metal which was not electrolytic to the host tissue. Mention must be made of the intramedullary fixation of fractures by metal rods, and the replacement of the destroyed head of the femur by metal heads of a hundred different descriptions. Immediately after World War II bone banks became popular but the original enthusiasm for homogenous bone in grafting is waning and many of us are turning back to autogenous fresh bone for most bone grafting.

Vail tells us that ophthalmology has emerged as an almost exact science. We are reminded of better refraction with more precise lenses, better illumination of the eyeball, more exact analysis of occular muscle balance resulting in better surgery for strabismus and, finally, the development of the contact lens. Vail states that there is little or no excuse for blindness due to trachoma, oph-

thalmia neonatorum, cataract, detached retina or even glaucoma, anywhere in the world.

In radiology we continue to marvel at the new discoveries in the field of contrast media for diagnosis. Nature has provided two of the best contrast media; calcium and phosphorus in bone and air to the lungs allow us to make diagnoses due to contrasting shadows on the x-ray films. All physicians are familiar with the use of barium in the gastro-intestinal tract, and with iodine compounds in the study of the kidneys and the gallbladder. However, the most striking development in radiological diagnosis is the use of contrast materials in the circulating blood for the study of defects in the blood vessels. Even the urologists have used lumbar aortography to demonstrate the various renal vascular patterns for differentiating renal cysts, tumors and anomalies.

Ranking high in medical achievements during the past two decades has been the spectacular and gratifying results obtained by vascular surgeons in treating congenital anomalies of the heart and other vascular anomalies and diseases. No small amount of credit must be given the anesthetist for his improved technic thus making this type of surgery possible.

Advances made in medicine, surgery and public health now save many lives and have extended our life span. Unfortunately, injury and disease still cripple many who are unable to hold their own in the daily activities of life and work. Many of these chronically disabled persons now can be returned to employment through the newly developed specialty of physical medicine and rehabilitation. I shall not dwell on physical restoration because the program committee this year has seen fit to devote a good part of our scientific program to that subject.

No discussion on horizons in medicine should ignore prevention of disease. Typhoid fever and diphtheria have practically disappeared. The pronounced decrease in infant mortality is due to many factors with which all of you are familiar. Bone and joint tuberculosis in children has almost completely disappeared from our hospital wards due to a proper and rigid control of milk and inoculation and testing of dairy herds. I can assure you that this control of bone and joint tuberculosis in children is not true over the world, not even in England where, during World War II, entire wards in children's hospitals were filled with children suffering from bone and joint tuberculosis due to improper milk control.

Up until now we have been unable to control mental disease, cancer and heart disease. Coronary thrombosis, as part of the arteriosclerotic heart disease picture, has increased while carcinoma of the lung, which was rare fifty years ago, has become relatively common. In both conditions the more frequent incidence could be due to the enormous increase in the use of tobacco and to industrial air pollution.

New horizons in medicine should cover more than new drugs. I have in mind public relations. A few years ago we stood before what seemed an almost overwhelming demand for compulsory government health insurance and the inevitable regimentation of our profession. Among the reasons advanced for this demand were the uneven distribution of physicians, too many specialists, too few general practitioners and the rising cost of medical care. We were able to present convincing reasons why a change of this kind would be disastrous, but at this moment I must remind you that the idea of socialism in medicine is not dead, and that it is the individual responsibility of every physician to subscribe to the principles of medical ethics and to the Hippocratic oath, and to dedicate his life to the care of the sick and injured regardless of race, creed or financial status. By faithful adherence to these ideals we have set our profession above all others and, as its members, have earned for ourselves a position of eminence and respect. Now, as we stand upon what is thus far the highest peak of scientific achievement, can we afford to breed illwill among those we serve? Can it be that as the horizons in medicine have been extended, as longer periods of professional training have been required and as specialization has increased, we have lost the unselfish spirit of service to the patient that was ours fifty years ago? Surely the medical profession will not sell its birth-right for so little.

Blue Cross and Blue Shield, with more than fifty million persons covered by Blue Cross in the United States, have played no small part in averting the impending catastrophe of government health insurance. I firmly believe that a great disaster could befall medicine if we fail to provide full payment insurance for those who deserve it. I urge you to give more thought and more time to the affairs of your Blue Cross - Blue Shield plans so that they will prosper and thereby provide the best service possible for your community. Driving into Delaware a few weeks ago I saw a road sign with the saying, "Two of every three living in Delaware are covered by Blue Cross." I would like to see a sign like that in West Virginia.

Before closing, I must say that I ran out of time, space and energy before covering half of what I originally intended to cover. Those offended by being ignored will please forgive me.

Very little was said of the general practitioner. This omission was made with a purpose, because I plan to use that subject for another talk in the near future. However, I am sure we all agree with Bryner when he says that both the specialist and the general practitioner are essential to serve the needs of society. We need well trained general practitioners and outstanding specialists. The young doctor today who passes through an up-to-date medical school, has an internship and a GP residency enters general practice better trained than many specialists of two generations ago.

I want to say a word about Salk poliomyelitis vaccine which, at this time, seems to be both safe and effective. By the end of this summer we should know whether or not the Salk vaccine can effectively abort epidemics of paralytic polio. The progress made in West Virginia in getting so many children injected with the vaccine reflects credit on the medical profession of this state, and Doctor Van Riper has expressed his appreciation to the physicians individually.

In concluding, I am grateful for the considerate attention you have given these somewhat random thoughts. I am grateful for this opportunity to speak to you as President of the West Virginia State Medical Association and, again, I pledge you my untiring effort to further the high standard of medicine in West Virginia.

Environmental Cancer

CANCER has become a topic of increasing importance within the last half century. There are undoubtedly many reasons for this, among which, certainly, the extension of life expectancy is a most important one.

Environmental cancers are of the utmost importance to industry, the physician, and the community, not because of the great numbers of them, but because they represent the only cancer which is preventable with our present state of knowledge.

Thus, all these groups are interested in the welfare of those for whom they are responsible in the alleviation of unnecessary suffering or the elimination of untimely deaths. In these matters industry, the physician, and the community think alike about environmental cancer.

But what makes industry's approach different from that of the physician or community is the potential liability for a segment of them, the occupational cancers, and for the sickness absenteeism they may cause.

In contrast, the physician's approach differs from industry's or the community's because of what they may teach him about cancer in general.

Finally, the community's approach is different from industry's and the physician's because cancer is second only to heart disease as a cause of death in the older age groups.

There is one fact about industry which dominates its relationships with all other groups or individuals. This fact appears so self-evident that it may appear superfluous even to mention it here; yet I think at times we as physicians are prone to ignore or belittle this fact.

This fact is that industry must make a profit in order to survive. Unlike our hospitals and certain other of our medical services, no one puts on an annual drive to collect funds to subsidize our industry, and I am sure few of us would wish this to occur. The business manager, therefore, who is today more and more becoming a professional, must of necessity be cost-conscious.

Experience has taught the successful business manager of today that reducing costs by reducing product quality is practically synonymous with committing business suicide. His job briefly, therefore, is to make a better and better product at a lower and lower cost. In order to accomplish this goal, he has had to rely more and more on technology, and this has resulted in a vastly increased quantity and, I may add, quality of industrial research and the elevation of the research director to a prominent role in the manager's decision making.—Robert E. Eckardt, M. D., in N. Y. State Journal of Medicine.

Congenital Atresia of the Esophagus With Tracheo-Esophageal Fistula*†

Charles Schnurer, M. D.

The subject of congenital anomalies of the gastro-intestinal tract is one of the most interesting in the field of surgery. This paper deals with our experience in the treatment of congenital tracheo-esophageal fistula during the past seven years, with brief mention of other types of anomalies of the gastro-intestinal tract observed in the past five years.

Because the number of patients seen by us cannot compare with that of any of the larger centers, this paper obviously cannot carry the statistical significance of one presenting a larger series of cases. We do believe, however, that it affords a realistic and practical view of what is seen in the hospital of average size and one rather nearly approximating that in which most surgeons practice.

Analysis of Cases

Table I illustrates the variety of congenital anomalies seen in the past five years at our hospital. The atresia of the small intestine was located variously in the jejunum, the ileum and the duodenum, which are the usual sites. Two duplications will be noted: one at the ileocecal valve, which is not unusual, and one in the descending colon, which is rather uncommon. The areas most frequently involved are the ileum and the ileocecal valve. The usual triad of malrotation, duodenal obstruction and volvulus was seen in only one case. There were, however, two malrotations associated with duodenal obstruction without volvulus. Normally, this condition is seen in about 50 per cent of malrotations. There was also one case of volvulus without malrotation. There were four proved cases of congenital megacolon in which the "pull-through" operation was done. There were other cases of Hirschsprung's disease which were never conclusively proved and which, therefore, are not included in this analysis. The malformation most frequently noted in this review (with the exception of pyloric stenosis which is not included) was tracheo-esophageal fistula.

The Author

- **Charles Schnurer, M. D., former chief resident in surgery, Charleston General Hospital, and now a member of the surgical staff of Raleigh General Hospital, Beckley, W. Va.**

Table I

TYPES OF ANOMALIES IN PAST 5 YEARS
(Pyloric stenosis and atresia of esophagus not included)

Number	*Pathology*	*Treatment*
2	Atresia of ileum	Side to side anastomosis
1	Atresia of jejunum	Side to side anastomosis
1	Atresia of duodenum	Gastro-enterostomy
1	Adhesions around duodenum	Release of adhesions
1	Leaflet obstruction of ileum	Division of leaflet
2	Adhesion bands around ileum	Release of adhesion bands
1	Duplication of descending colon	Exteriorization
1	Duplication at ileocecal valve	End to end anastomosis
1	Malrotation, duodenal obstruction, volvulus	Release of obstruction and reduction of volvulus
2	Malrotation, duodenal obstruction	Release of obstruction
1	Volvulus	Reduction of volvulus
4	Hirschsprung's Disease	"Pull-through" procedure
2	Stenosis of esophagus with foreign body	Removal of foreign body
1	Congenital stenosis of rectum	Dilation of stenosis

Congenital atresia of the esophagus exists in various forms. Type C, in which there is a blind proximal loop with the distal portion of the esophagus communicating with the trachea, is by far the most common. This type is illustrated in Table II.

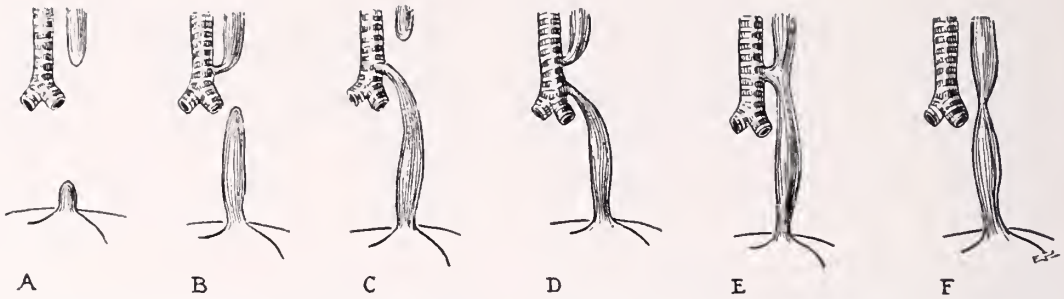
Table III shows that during the period covered there were 12 cases, 10 of which were of the common Type C group, the remaining 2 being Type D, in which both the proximal and distal loops communicate with the trachea. One of the Type C cases was unusual inasmuch as the proximal loop was very short and ended rather high in the thoracic inlet so that there was about one inch between the two ends. At the same time, the distal loop originated from the bifurcation of the trachea rather than proximal to the bifurcation as usually is observed.

In these cases the patient's age varied from one day to seven days. Operation was carried

*Presented before the West Virginia Chapter of the American College of Surgeons at the Greenbrier in White Sulphur Springs, April 14, 1956.

†The author expresses sincere thanks to Dr. R. Gross, author of "Surgery of Infancy and Childhood," and to the publisher, W. B. Saunders Company, Philadelphia, for permission to use the cut and legend reproduced in this paper.

Table II



Types of congenital abnormalities of the esophagus. (A) Esophageal atresia. No esophageal communication with the traches. Under such circumstances the lower esophageal end is very apt to be quite short. (B) Esophageal atresia, the upper segment communicating with the trachea. (C) Esophageal atresia, the lower segment communicating with the back of the trachea. Over 90 per cent of all esophageal malformations fall into this group. (D) Esophageal atresia, both segments communicating with the trachea. (E) Esophagus has no disruption of its continuity, but has a tracheo-esophageal fistula. (F) Esophageal stenosis.

out in all cases except one, that of a patient who died of aspiration pneumonia on the third day of life while being prepared for surgery.

Table III

CONGENITAL ATRESIA OF ESOPHAGUS

Summary of Cases Coming to Surgery

Cases	*Age at Time of Surgery*	*Associated Anomaly*	*Type of Atresia*
1	3 days	Yes	D
2	3 days	Yes	D
3	1 day	Yes	C*
4	7 days	No	C
5	1 day	No	C
6	3 days	No	C
7	3 days	Yes	C
8	2 days	No	C
9	2 days	No	C
10	1 day	No	C
11	1 day	No	C
12	3 days	Yes	C

*High proximal loop with distal loop coming off the bifurcation of the trachea.

In any analysis of cases, the question of associated anomaly always is worthy of note. In this series, associated malformations were noted in all cases that terminated fatally and came to autopsy. Table IV lists the associated anomalies seen. This re-emphasizes the well known fact that one must always look for associated pathology in cases of congenital malformation.

Table IV

ASSOCIATED ANOMALIES IN INFANTS WITH CONGENITAL ATRESIA OF THE ESOPHAGUS

Atresia of rectum	1
Mongolian idiot	1
Meckel's diverticulum	1
Cyst of tricuspid valve	1
Accessory pancreas attached to duodenum	1
Duplication of pancreas in pylorus	1
Obstructive jaundice, type undetermined	1

Table V illustrates 13 cases in which 10 deaths occurred, one preoperatively. Thus, of the 12 cases in which treatment was surgical, death occurred in 9, resulting in an operative mortality rate of 75 per cent. Of significance are the 5 cases (over 50 per cent) in which death occurred on the table, each presumably an anesthetic death. This fact underlines the importance of competent anesthesia in the cases of these fragile infants. Specifically, of the 12 cases which came to surgery, there were 7 in which the operations were performed in the years 1949 and 1950, and since that time our mortality figures have improved.

Table V

ANALYSIS OF MORTALITY FIGURES

Results	*Number of Cases*
Died preoperatively	1
Died on operating table	5
Died first postoperative day	1
Died third postoperative day	1
Died fifth postoperative day	1
Died sixth postoperative day	1
Survived surgery and are living and well	3

Technic

With one exception, the extrapleural approach technic was used in all cases in the series so that no comparison of the merits of the extra-pleural versus the transpleural approach can be made. In only one of these cases was a gastrostomy done at the time of surgery so that no conclusions can be drawn regarding the value of this procedure in preventing post-operative leak of the anastomosis.

Findings at Autopsy

An autopsy was obtained in 2 of the 4 cases in which the patient withstood the operative procedure. In one of these the autopsy revealed a leak at the site of the anastomosis, which was the cause of death; in the other a well healed anastomosis was noted, death being due to atelectasis.

Discussion

Congenital tracheo-esophageal fistula was first described by Gibson in 1670, in London. From that date until after the turn of the 20th century, the condition was considered as of rather rare occurrence. Its present incidence is about one in every 2500 births, or about the same as harelip.

Occasionally, it occurs in several members of the same family.

The etiology of this malformation is not known. It is known that the development of the respiratory tract is an outgrowth from the primitive gastrointestinal tract and this anomaly is believed to be due to a failure of the laryngotracheal tube to separate from the primitive esophagus. Meanwhile, the trachea continues to grow rapidly and it is felt that the atresia results from the drawing out of the corresponding part of the esophagus to a progressively narrowing strip.

Atresia of the esophagus most commonly is associated with tracheoesophageal fistula. The atresia, that is, where the esophagus ends, usually is above the bifurcation of the trachea and thus a blind proximal loop is formed. The distal loop, which usually is less than one inch from the blind proximal loop, communicates with the trachea and forms the fistula. Over 90 per cent of atresia cases are of this type. Other varieties such as atresia without fistula, fistula without atresia, fistula connecting with both loops, and less common types.

The diagnosis almost always can be made on the first day of life. A great deal of saliva continuously exudes from the child's mouth, due to the esophageal obstruction. The hungry child wants to eat but all attempts at feeding are followed by gagging, coughing and cyanosis. In the common variety the food reaches the obstruction in the esophagus and soon backs up into the pharynx where it passes into the trachea. The distal loop actually communicates with the trachea but the food never reaches this distal loop. In the other varieties of atresia the symptoms will be modified by the pathology present. For example, when the proximal loop communicates with the trachea the food passes from the esophagus directly into the trachea.

When the condition is suspected, all one has to do is gently pass a #12 catheter through the nose or mouth into the esophagus and an obstruction will be noted about 10 to 12 cm. from the gum margin. Positive proof then may be obtained by introducing 1 or 2 cc. of lipiodol via the catheter and taking an x-ray. This method will demonstrate the blind loop. Lipiodol is preferable to barium since the latter causes a severe reaction in the lung if it spills over into the respiratory tract. The x-rays should be taken after injection to note the difference in the level of the proximal loop after inspiration and after expiration. Normally, the end of the proximal loop will be found at a level corresponding to the second to fourth dorsal vertebra. An obstruction below this level would be more indicative of stenosis than of atresia.

A flat plate of the abdomen also is made and the presence of air in the stomach and small bowel indicates a fistula between the trachea and distal loop of the esophagus. However, it has been shown by Haight that it is possible to have a very small fistula which will not show any air in the stomach. Absence of the fistula is a very important point because atresia without fistula usually indicates agenesis of the distal loop of the esophagus and, therefore, an end to end anastomosis of the esophagus usually will be impossible. The gas pattern in the small bowel may indicate associated malformations of the gastrointestinal tract also. Battersby and the group from Indiana University describe the value of esophagoscopy also in the diagnosis of fistula. They describe the passage of air entering the esophagus with each respiration which can be heard when the esophagoscope is proximal to the fistula. This sound is compared to the passage of flatus from the rectum.

Treatment

The treatment for atresia with fistula is surgery with end to end anastomosis of the two ends of the esophagus. The first attempt at this procedure was made in 1936 and the first successful anastomosis was accomplished in 1943, by Haight.

In most cases surgery is deferred 12 to 24 hours during which time the infant is rendered a better operative risk. This seems to have been one of the most important factors in decreasing the operative mortality. A tube is placed in the esophagus and connected to suction so that all esophageal secretions will be immediately sucked out. Some surgeons, however, feeling that this continuous suction is not well tolerated, prefer intermittent suction when indicated. This prevents the secondary pneumonia that results from secretions backing up into the pharynx and into the lungs. Again, some feel that the sitting up position is most effective in preventing aspiration while others believe that the head should be lower than the rest of the body. There should always be a special duty nurse to aspirate constantly any secretions that may accumulate. Antibiotics and oxygen likewise are used to prevent pulmonary infection. Regarding fluid administration, there is a tendency to underhydrate slightly by giving the indicated fluid in amounts of 40 to 50 cc. per pound of body weight every 24 hours. Blood may be used in amounts of 10 cc. per pound of body weight every 24 hours.

The anesthesia is usually ether or cyclopropane, with a tight fitting mask. Most anesthetists do not use tracheal intubation even when the chest is entered because of possible irritation of the larynx and trachea resulting in edema and often requiring tracheotomy.

There is some controversy over the matter of intrapleural and extrapleural approach. Gross feels that the retropleural approach is distinctly inferior and has not used it at all in recent years. He feels that the transpleural approach is much faster and gives better exposure. The argument that a leak in the anastomosis will contaminate the pleural cavity is counterbalanced by the fact that a much better anastomosis can be accomplished, one which is less likely to leak at all.

Many observers, among them Swenson, Haight, Battersby and Bigger, feel that the mortality and morbidity are lessened by not entering the pleural cavity. They, of course, stress the point that with this approach a leak in the anastomosis is not as serious since it will drain extrapleurally rather than into the pleural cavity where it might cause empyema. They feel too that the chance of a leak is less as the pleura will form a patch over the anastomosis. They claim that opening the chest in the cases of these infants may be injurious to the respiratory and circulatory dynamics and may, therefore, increase the morbidity and mortality. However, it must be remembered that everyone favors a transpleural approach if there is any suspicion that an end to end anastomosis will not be possible. The accepted treatment in these cases is an end to side esophagogastrostomy by mobilization of the stomach up into the chest, and this obviously could not be done through an extrapleural approach. These operations are now being done in one stage rather than in long drawn out multiple stage procedures in which various types of an ante-thoracic esophagus are created.

The subject of gastrostomy along with end to end anastomosis likewise is controversial, the majority feeling that the gastrostomy should be done routinely, the remainder that it should be done only in cases in which there is some question about the anastomosis or in which the patient is nourished and requires extra feeding. No one, of course, uses it in the case of an esophagogastrostomy.

The advocates of routine gastrostomy feel that gastrostomy puts the esophagus at rest, likewise that it maintains adequate nutrition which is so important in the healing. They claim that a gastric tube does not give as good decompression, and call attention to the fact that it cannot be left in very long without causing irritation. These babies definitely do not tolerate a Levine tube for any length of time. In addition, the esophagus is so small that the tube usually fits the distal portion snugly and thus may cause necrosis. Gastrostomy is of special value in the temporary edema and obstruction which sometimes occur around the tenth day postoperatively.

Among those who favor routine gastrostomy, opinion is at variance as to when it should be done. Some operators perform the gastrostomy about 24 hours preoperatively under local anesthesia feeling that this deflates the stomach and intestines and greatly facilitates the anesthesia. Others do the gastrostomy at the time of surgery, and still others perform it on the first postoperative day in order to shorten the operative time of the anastomosis. The time of performance of the gastrostomy probably should be adjusted to the individual case.

The belief of those who do not perform a gastrostomy routinely is that gastrostomy is unnecessary, that it adds to the operative time or makes an additional operative procedure necessary, and that there is an added risk of perforation or other injury of the stomach.

The postoperative care is essentialy the same as the preoperative, that is, fluids, oxygen and antibiotics are given, suction is instituted, and general supportive measures used. There is some disagreement as to when oral feedings should begin. This is dependent to some extent on whether or not gastrostomy has been done. If gastrostomy has not been done, feedings begin, with caution, about the third or fourth postoperative day. With gastrostomy present, oral feedings begin anywhere from the sixth to the tenth postoperative day, provided that the patient's general condition is satisfactory and that the gastrostomy feedings have been well tolerated. Some surgeons, by the injection of iodized oil followed by x-ray studies, test the patency of the anastomosis before beginning oral feedings.

In more than half of these cases some sort of dilation for stricture will be necessary later. Routine dilation of the esophagus about the third week post-operatively sometimes is the practice; some, however, depend upon the development of obstructive symptoms which is more important than the x-ray findings. All cases should be followed by iodized oil swallows at regular intervals. In case of stricture, dilation without anesthesia is well tolerated in small children. Severe stricture may require retrograde dilation with a string left in place and in such cases gastrostomy, if it has not been done, is necessary.

Summary

An attempt is made to illustrate the wide variety of congenital anomalies seen in the hospital of average size. A series of 13 cases of congenital atresia of the esophagus seen during the past seven years is analyzed in some detail. The literature is reviewed, with special emphasis on diagnosis and treatment.

Humidification

When a healthy person breathes room air through the nose, the inspired air is warmed and humidified so that when it reaches the bifurcation of the trachea its temperature is 36° C and it is 98 per cent saturated with moisture. In a patient with a tracheotomy, however, the nasal passages are by-passed and during inspiration the air at the bifurcation is very much the same as room air in temperature and humidity. In consequence, the air takes up moisture in the bronchi, and the mucous membranes and secretions become dry. This may not be a serious handicap to anyone who can cough up viscid secretions, but in patients whose power to cough is impaired it may be disastrous.

In recent years this has become particularly obvious in patients with poliomyelitis, polyneuritis, or other forms of paralysis which may necessitate a tracheotomy and artificial respiration. When artificial respiration by intermittent positive pressure through a tracheotomy was first used in the Danish poliomyelitis epidemic of 1952, crusting of secretions in the air passages soon became known as a sinister complication, and the importance of a good humidifier in preventing this was quickly appreciated.

In these conditions various mechanical manoeuvres—notably suction with a catheter down the trachea—have to take the place of coughing; but they are quite unable to remove encrusted secretions. The bronchi thus become blocked, and the patient's condition is perilous. If inspired air is properly humidified, this trouble does not arise, and modern respiration pumps for prolonged positive-pressure respiration include a humidifier as standard equipment.

Similar considerations apply if a patient with a tracheotomy is treated in a tank respirator, and for some time a search has been directed, in the large American poliomyelitis centres, as well as in this country, towards a means of humidifying the inspired air whenever a tracheotomy has to be performed.

It seems probable that the lessons learned about the benefits of humidification in artificial respiration can be applied to other disorders in which the power to cough is impaired. There seems to be a place for this simple form of treatment for any patient who cannot cough up his sputum, as in asthma and emphysema, and in tracheobronchitis, especially with a tracheotomy.

The principle is the same as the old-fashioned steam kettle, whose benefits have long been established but with which it is difficult to apply the steam where it is most needed, and with which there is a distinct risk of a serious scald. These possibilities are being explored on both sides of the Atlantic—with promising results.—The Lancet.

Acute Bromide Intoxication: Treatment With Chlorpromazine*

(Case Report)

Thelma V. Owen, M. D., and M. G. Stemmermann, M. D.

The clinical features of acute bromide intoxication are sufficiently characteristic that the diagnosis is simple, provided the possibility of such intoxication is kept in mind. Currently, bromides usually are self-prescribed medication; a wide variety of sedative, proprietary preparations contain the triple compound. Because of delayed excretion, a gradual accumulation of bromides within the tissues is always a possibility, frequently without the warning provided by bromoderma. Without a history of bromide ingestion, the acute onset of a schizophrenic-like syndrome may be confusing. However, the presence of neurologic signs usually suggests that some toxic substance is responsible for the delusions and hallucinations.

While the diagnosis of bromide intoxication is relatively simple, treatment continues to be difficult because the bromide ion is released slowly. The administration of large doses of chlorides to replace bromides, which are then excreted, remains the basis of treatment. To sodium chloride various workers have added ammonium chloride,[1] mercurial diuretics[2] and ACTH[3] to hasten excretion. In none of the reported cases, in which the blood bromide level before treatment was greater than 250 mg. per 100 cc., did these additional medicaments produce, in less than one week, a fall in blood bromides greater than 100 mg. Treatment with the artificial kidney can be expected to increase bromide excretion much more rapidly, as reported by Merrill,[4] but such methods of dialysis are not generally available.

Usually when the blood bromides are above 200 mg. and probably always when they are above 250 mg., the patient is delirious and hyperactivity responds poorly to the usual sedatives. Gruber[5] recommends hydrotherapy for restlessness and Craven[6] noted that chloral hydrate, paraldehyde and barbiturates "were not only ineffective but rather augmented the delirium". The following case is reported to show how this phase of bromism can be controlled by chlorpromazine.

*From the Owen Clinic, Huntington, W. Va.

The Authors

- Thelma V. Owen, M. D., Huntington, W. Va.
- M. G. Stemmermann, M. D., Huntington, W. Va.

Case Report

R. R., a 38-year-old white female, was referred by her family physician. A satisfactory history could not be obtained on admission, as the family was too disturbed to give a coherent story, and her doctor could not be reached immediately. The patient was confused, hallucinating in both auditory and visual fields, delusional, with poor memory for both past and recent events. Physical examination was not entirely satisfactory because of the patient's extreme hyperactivity and inability to follow simple directions. She was severely dehydrated; ataxic in all four extremities. The blood pressure was 122/86 mm. Hg., temperature 98 F., pulse rate 66, body weight 128 lbs. Pupils were dilated and reacted poorly to light. Tendon reflexes were hyperactive throughout. The thyroid was slightly enlarged and smooth. There was a recent well healed abdominal operative scar and no pelvic viscera could be felt. The remainder of the examination was not remarkable. Admission diagnosis was "probable acute schizophrenic reaction with superimposed drug poisoning."

Emergency treatment was directed toward correction of dehydration and control of restlessness. For the latter, administration of the usual sedatives was considered unwise until the drug responsible for the neurologic signs could be identified. Electroconvulsant therapy, therefore, was given, but two attempts produced only prolonged petit mal and no sedative effect. Since, in our experience, chlorpromazine had been compatible with so many other chemicals, the patient was started on this drug, 50 mg. parenterally every hour for three doses. Blood pressure and other vital signs were followed closely and showed no essential change. Shortly after the third dose, the patient slept for eight hours.

Additional history obtained from the family doctor at this point disclosed the fact that this was the first time the patient had slept in almost forty-eight hours, following the ingestion, over a period of at least two weeks, of an unknown quantity of "Nervine", a triple bromide preparation. Determination of blood bromides revealed 265 mg. per 100 cc., and admission diagnosis was changed to "acute bromide intoxication." Thereafter, the patient was maintained on 400 mg. chlorpromazine daily in divided doses, alternating parenteral and oral administration, until the sixth hospital day when she no longer was psychotic. Smaller oral doses were then used to control insomnia and tension. Although the psychotic symptoms disappeared when the blood bromide level fell below 200 mg., positive neurologic signs persisted until the level was below 50 mg.

While the patient was maintained on chlorpromazine, she remained quietly in bed and made every effort to cooperate, unlike her disturbed psychotic behavior during the first six hours after admission. There was one brief burst of restlessness on the third hospital day when one parenteral dose of chlorpromazine was inadvertently omitted. Additional treatment included 6 Gm. NaCl. daily, also enemas and fluids.

Laboratory data are summarized in Table I. The first blood bromide determination was made twelve hours after admission, an estimated 60 hours after the last dose of bromides. Blood NPN, sugar, cholesterol and cell counts were within normal limits on several occasions. Autonomic nervous system test (Funkenstein) when blood bromides were 195 mg. revealed slightly increased central sympathetic reactivity. At the time of discharge, a repeat test evoked a "normal" response.

Table I

Date	*Day*	*Blood Bromides mg. 100 cc.*	*Urine Bromides*	*HHb-Gm.*	*Hematocrit %*	*Sed. rate (C. R.) mm/hr*
11/ 3/55	2	265	.....	12.2	43	20
11/ 9/55	8	195	2+	.....	.....	.....
11/15/55	14	175	1+	13.5	41	18
11/22/55	21	83	.....	.....	.....	.....
11/29/55	28	50	0	13.0	44	.....
12/13/55 (O. P. D.)	35	12	.....	13.8	42	12

History obtained from the patient, after recovery, and from the family, for the psychotic period, revealed that since her marriage the patient had been an uphappy, disgruntled woman. For many years she had sought medical advice for numerous physical complaints, especially backache. Three months before admission, panhysterectomy was done. The uterus contained one myoma and the pelvic viscera were studded with endometrial cysts. Following operation she felt much worse than before and she was treated with Theelin and Thiamine. Since this brought no relief from backache, pelvic discomfort and tension, she prescribed for herself, "Nervine", a proprietary triple bromide preparation. The exact amount consumed is unknown but approximately two weeks before admission her daughter purchased four bottles and only 1¼ were found the day before admission. Her husband had noted definite behavioral changes four days before admission, and for the last two days at home she had to be forcibly restrained from running into the street in her nightgown.

After recovery from the acute psychotic phase of bromism, attempts were made, through both group and individual psychotherapy, to give the patient some insight into her basic personality difficulties. However, these were fruitless and she was therefore discharged to the outpatient department on the twenty-eighth hospital day, when the blood bromides were 50 mg. She returned for one outpatient visit but, as was expected, has failed to continue outpatient psychiatric care.

Summary

In a case of acute bromide intoxication with a schizophrenic like syndrome and extreme excitability, chlorpromazine was used successfully in sedation of the patient. Since the commonly known sedatives and hypnotics serve only to excite these patients further, chlorpromazine should prove a useful adjunct in treatment. Neither chlorpromazine nor the brief psychotherapy to which the patient exposed herself changed the basic emotional disorder. However, this case illustrates the current and continuing threat of bromide poisoning, especially in persons with psychoneurotic reactions to stress, who expect relief from chemotherapy—if only they can find the right drug.

References

1. Cornbleet, T.: Bromide Intoxication Treated with Ammonium Chloride, J. A. M. A. 146:1116 (July 21) 1951.
2. Hussar, A. E., & Holley, H. L.: The Use of Mercurial Diuretics in the Treatment of Bromide Intoxication, Am. J. Med. Sci. 223:262, 1952.
3. Tillim, S. J.: Bromide Intoxication, Am. J. Psychiat. 109:196, 1952.
4. Merrill, J. P., & Weller, J. M.: Treatment of Bromism with the Artificial Kidney, Ann. Int. Med. 37: 186, 1952.
5. Gruber, C. M.: Bromine and Bromides, Cyclopedia of Medicine, Surgery, Specialties 2:743, 1953.
6. Craven, E. B.: The Clinical Picture of Bromide Poisoning, Am. J. Med. Sci. 186:525, 1933.

What's New in Hypertension and Coronary Heart Disease*

Woodford B. Troutman, M. D.

When I was notified of the title of this paper my first reaction was a sense of futility. How could I possibly cover this subject in the few minutes my audience would bear with me?

As I considered the subject further, it occurred to me that I might take the liberty of changing the title and, now, I will discuss with you, "What's New and Worthwhile in the Treatment of Hypertension and Coronary Heart Disease." You will note that I have added two words, "worthwhile," by which I mean, "How much is it going to benefit the patient?" Will it increase his life span and is he going to enjoy the increased years we might add? How many of you want to accept my philosophy of life? Should not we consider it as two-dimensional? It must have breadth as well as length. Do you want to accept eighty-five years and during the last five or so live in a vegetable state? Or will you accept seventy-five years as a useful citizen? Sometimes this problem disturbs me in spite of H. R. 7225 and all other gimmicks relating to our total security. As to the second word I have added, i. e., "treatment," I thought this might be your preference. Certainly we would not have time to talk about all that is new in etiology, pathophysiology and diagnosis.

Before I get into my subject let me ask you another question. Are you guilty of overtreatment? As the saying goes, sometimes we employ so much therapy we hardly give God a chance. At the risk of being called old-fashioned, I make the statement from my own experience: I believe in many instances we are too intensive with therapy.

Now to our subject: First, as to the therapy of hypertension. Most observers tell us that about 80 per cent of hypertension cases respond very well to conservative measures; more about that a little later. Also let us assume that we are dealing here with true essential hypertension. I do not believe we will have time to talk about the 1 or 2 per cent of cases which may have a specific cause such as pheochromocytoma, unilateral kidney disease, pituitary tumors and the like. Also let me remind you that we treat only the true hypertension, not the patient with systolic hypertension only, such as the arteriosclerotic, the patient with aortic insufficiency or the one with hyperthyroidism. Also the cases of complete heart block and the occasional patient with a congenital defect such as coarctation of the aorta. If we direct our efforts toward reducing the blood pressure in these types, many times they are only made worse.

The Author

- **Woodford B. Troutman, M. D., Louisville, Kentucky, Editor, The Journal of the Kentucky State Medical Association.**

Drugless Treatment

Now back to the 80 per cent of hypertensives and our conservative treatment. I like to call this the "drugless" type of treatment:

1. Tell the patient the blood pressure level on first visit only. Also one reading is not enough; make it a practice to take the blood pressure in both arms. A poorly applied cuff can give a false reading; and we try to get the patient in the same position each time, either sitting or lying down; also we try to make it approximately the same time of the day in relation to meals and the work of the individual.

2. Tell the patient that there is no cure. Believe it or not, we tell our patients on their first visit that there is no cure. We think there is very good psychology in this because too many patients think in terms of a cure from just this or that prescription and that they can go merrily on, living as they will. We also tell the patient that he must learn to live with his blood pressure; that he can go on for years if we can maintain his blood pressure at reasonable levels. Right here I think we might mention the diastolic level of the blood pressure. A patient once asked me, "What is my diabolic pressure?" That indeed may be a good term to use because that is the level we should watch and when it is reduced it can mean real improvement. We might also

*Presented before the Fourteenth Councillor District Meeting of the Kentucky State Medical Association at Paintsville, Kentucky, April 19, 1956.

remind ourselves right here that a sudden drop in blood pressure is not always a good sign; the patient may have had a coronary occlusion or may be going into heart failure.

3. See patient once every two to three months. The average hypertensive should not be seen every week or so; he just becomes more blood pressure-conscious with frequent visits.

4. Diet. If obese, certainly there should be a slow weight reduction program and at the same time the salt intake should be sharply limited. As to the rice diet, it may have merit but we simply have been unable to educate our patients to so strict a regimen.

5. Rest. A rest period, especially in the middle of the day, and this usually can be arranged for the executive or the housewife.

6. Activities. In the absence of any heart failure, activity may be normal but with avoidance of prolonged overexertion. Certainly golf on a flat course can be allowed; fishing too, so long as there is no motor to carry and no rowing the boat; let a friend go along. Hunting squirrels in trees and deer hunting when on the stand are desirable.

7. Tobacco. I am not among those who think there is but one answer regarding this habit. If the patient asks me whether he should stop, I usually say 'yes.' If I have to tell him to stop, I explain that complete abstinance is the easier course; but if he persists in smoking it has been my experience that he is better left alone with his vice.

8. Alcohol. Yes, but be careful of your individual; try to be sure that he will remain a temperate drinker.

9. Psychotherapy. This is what we have been talking about in the first eight headings and, to sum up, try to teach the patient 'to respect his blood pressure but not to dwell on it.'

Drug Therapy

Now as to drugs, you will note that they are way down on the list and certainly so for the 80 per cent group. In our hands the whole root and the various alkaloids of Rauvolfia have been quite satisfactory. If, after a reasonable length of time, we do not get response to this drug used alone, we combine it with one of the veratrum derivatives. As a last resort, we turn to one of the nerveblock agents but we use these only in hospital cases where the hospitalized patient is under daily observation. In my own experience, I have recently seen two patients with severe side-effects from nerveblock drugs: one, a patient from out in the state, was brought to the hospital unconscious; he had fallen in his bathroom, fracturing his skull. The other patient found his way into our office and fell on the floor; fortunately, no injuries resulted. In both of these cases, the initial standing blood pressure was practically zero. Remember, when employing any of the nerve block drugs, always to check the blood pressure in all positions; postural hypotension can cause distressing symptoms or lead to serious accidents.

In general, surgical measures for the relief of high blood pressure have been employed at increasingly rare intervals as time goes on but it still is my feeling that if all medical measures fail there is an approximate 25 per cent chance of relief offered by surgery under the following conditions:

1. Rapidly mounting blood pressure.
2. Under 50 years of age.
3. Persistently poor response to medical measures after several weeks' or months' trial, as the case may be.
4. Impending cardiovascular accidents; manifested by "little strokes," nocturnal dyspnea, anginal symptoms and the like.
5. A bad family history with reference to hypertension.
6. Marked fatigue and severe headaches.
7. Good kidney function.

If the patient's condition meets these criteria, he may be told that he has an approximate 25 per cent chance of benefiting from treatment by surgical means. Also, he must readily accept surgery; do not force a decision.

Coronary Heart Disease

Now we come to the matter of treatment in coronary heart disease and we will divide it into the two entities, (a) angina pectoris and (b) coronary occlusion.

(a) Angina Pectoris

1. Regarding the management of angina pectoris we will talk first about drugs. Certainly nitroglycerin should head the list. We use this drug in the dosage of grains 1/200 under the tongue as often as necessary. Next in order, I think, is sedation in some mild form to allay anxiety. If there is any arrhythmia we use quinidine in the dosage of grains 3, three or four times a day; this drug probably has some vasodilating effect, also.

A prescription we frequently use is a capsule containing 1/3 to 1/2 grain of erythrol tetranitrate, 3 to 5 grains of aspirin and 1/4 to 1/2 grain of phenobarbital; such a capsule is taken

three or four times daily. The function of the aspirin is to counteract headache caused by the erythrol. We believe this prescription to be just as effective as many of the newer remedies, and of less expense to the patient.

In the intractable cases we consider the use of radioactive iodine and anticoagulants.

2. Weight. The patient should lose weight if excess weight is present; the exercise tolerance is increased thereby.

3. Activity. Allow the patient to do what he can in the full recognition of his limitations. If certain acts such as intercourse are known to bring on an attack he can be instructed to take a dose of nitroglycerin beforehand. At times when the attacks may become more frequent and severe, we advise a period of bedrest.

4. Nocturnal angina. In a certain number of angina cases, the disease is worse in the night, and we may advise these patients to place blocks under the head of the bed. One of the vasodilators in suppository form often is helpful.

5. Rest. A rest period after meals, especially after lunch.

6. Habits. In the cases of younger patients, suggest that they stop tobacco; in those over sixty years of age, allow an occasional smoke; after all, there are not many pleasures left. A highball in the evening but, again, I remind you, know your patient.

7. Holidays. Better a winter holiday in a warmer climate if only one a year can be afforded; angina is aggravated by cold air.

(b) Coronary Occlusion with Myocardial Infarction.

There are two phases in the management of this severe illness, the first of which is concerned with maintaining life; we must keep the patient alive. The second phase deals with the patients rehabilitation.

I.

1. Control of pain. I believe the pain itself to be responsible for much of the subsequent shock in these cases, and that it actually can kill the patient if relief is not quickly given. We suggest morphine sulfate grains ¼ intravenously followed immediately by another ¼ grain hypodermically.

2. Atropine. Give 1/100 grain of atropine by hypo as the initial dose and then 1/150 grain every six hours for two to three times more. We believe atropine to be a good vasodilator.

3. Oxygen. Use it if it is available and in severe cases, use it under positive pressure in the early stages.

4. Shock. If the shock is severe and the blood pressure continues to fall, consider the use of Levophed one ampule in 500 ccs. of 5 per cent glucose intravenously, by very slow drip.

5. Papaverine Hydrochloride. We believe we have had some success with Papaverine Hydrochloride in suppository form. We have the suppositories made up in doses of 6 grains, to be inserted rectally 1 every six hours for the first twenty-four hours. This also is a good vasodilator but too dangerous, we feel, for use intravenously. Right here I should say that we avoid oral medication in so far as possible in early treatment; vomiting can be a severe strain on the heart.

6 Arrhythmias. In the arrhythmias such as frequent extrasystole, paroxysmal tachycardia and fibrillation, we make use of Quinidine which we give by intramuscular injection. If there is heart block, adrenalin ¼ cc. per hypo as required, is our practice.

7. Congestive failure. For mild pulmonary congestion, 1 to 2 cc's. of a mercurial diuretic is given per hypo. If the heart is in frank failure, do not hesitate to digitalize; we give Cedilanid 0.8 mg. intravenously and repeat the dose in four to six hours, depending on the urgency.

8. Anticoagulants. We employ anticoagulants in nearly every case. There is not time to go into the routine of this type of medication. I will say, only, that we personally are convinced that it has lowered our mortality in a large series of cases.

9. Bed rest. I still believe in absolute bed rest for the first few days and this means mental, emotional and physical rest. The younger the patient, the longer the period of bed rest. The bedside commode may be used as soon as feasible. There is a trend toward earlier ambulation but my thinking remains conservative.

II.

Finally, the rehabilitation of the coronary patient.

1. Rest. After the initial bed rest of some two to four weeks, we advise partial rest for upwards of six to eight weeks We then gradually increase physical activity. The minimum period of time before return to work should be about twelve weeks from the date of the attack, even longer if the economic status will permit.

2. Work. When the patient is returning to work, here again we advise a gradual program if his type of job permits. We advise going back for two to four hours for the first few days. Our experience indicates that in about 80 per cent

of these cases the patient can get back to his usual occupation.

3. Disability. Regarding the patient who may have total disability insurance, my opinion is that this actually can inhibit recovery. And be extremely cautious in the matter of advising complete retirement. If the patient introduces the subject telling me he can occupy his mind and hands in many ways, I may ride along with the suggestion. On the other hand, if a patient's physical condition is such that he absolutely is unable to continue his work, he can answer for himself.

4. Prophylaxis. How to avoid another occlusion? Frankly, I do not know. Probably the majority of our patients do have a recurrence. Even so, we feel that at least we may be helping to postpone another attack by adherence to the following general outline in the care of our patients:

(a) Many of our patients are on ambulatory anticoagulants. Although I do not have exact statistical data at present, I feel quite sure that the incidence of recurrence is lower among those in this group than is the case otherwise.

(b) Diet. Again, it is a debatable question but I have some faith in a low cholesterol diet. We try to get a serum cholesterol test in every case, and certainly when it is in the high levels we advise such a diet if the patient is willing to cooperate; also, in the case of the obese patient this is a good weight reduction diet.

(c) Temperance in all things is a good general rule: little, if any, tobacco; very little alcohol; a good night's rest; avoidance of heavy meals; maintaining of weight at the desired level; sitting at table a while after meals; an afternoon rest, if possible, and so on.

(d) For the patient who is so unfortunate as to have disabling symptoms at rest, and continuously, and who has obtained no relief from the other measures outlined, we feel that as a last resort one or more of the cardiac surgical procedures may be worth considering and should be looked into, especially the Beck pericardial approach.

In conclusion, I hope that in the brief outline presented I may have brought you some of the new and some of the worthwhile ideas in the treatment of hypertension and coronary heart disease, and that they will be of help in the management of these patients.

Prevention of Tetanus

During the 1914-18 war the introduction of routine passive immunization for all wounded reduced the incidence of tetanus in a few months from approximately 8 to 1 per 1,000, and later this figure was lowered still further. Immunization in the civilian population had a like effect, but has never prevented tetanus entirely.

The chief reasons for this partial failure are that many cases among civilians are due to wounds which are so trivial that they are not taken to a doctor, or, if taken, are considered too slight to merit antitoxin. In some cases no wound can be detected, perhaps because it is internal, or tetanus has followed conditions such as chronic ulcers, infected cavities, puerperal sepsis, and others in which its possibility is not suspected. For such reasons it is inevitable that a certain proportion slip through the net of passive immunization.

A further disadvantage is that some patients are sensitive to horse serum, so that reactions when tetanus antitoxin is given are by no means rare and may be severe; very occasionally they are fatal. Further, patients who receive it are not only sensitized to further injections of horse serum but the protective effect of a second injection is less than the first.

In the 1939-45 war active immunization by toxoid was carried out on a large scale in the Allied armies, and the results were remarkably successful. In the British Army two injections of toxoid were given at an interval of not less than six weeks, with a further reinforcing dose at yearly intervals during service. If a man was wounded he was given antitoxin as soon as possible or, in the American army, a further dose of toxoid. The results of both these procedures were highly satisfactory. Reactions to toxoid were slight and rare and there were no other disadvantages.—British Medical Journal.

Special Article

Medico-Legal Relationships Viewed Through The Doctor's Goggles*

Walter E. Vest, M. D.

THE THREE great humanitarian professions throughout man's era of civilization have been law, medicine, and the ministry of religion. The first of these has had to do with the development and procurement of justice between individuals, and between individuals and society at large as typified in the state; the second with the alleviation of physical suffering, the cure of diseases and traumata, and with the preservation of health; and, the third, which probably was the earliest developed, with man's moral relationships with his fellow men and his attitude toward a supreme being commonly designated as God.

These professions in the early development of the race were more or less entwined, but as the density of population has increased and civilization has progressed, society has become more and more complex, and these great callings, all basically altruistic and benevolent, have gradually become more and more differentiated until within the comparatively recent past each has become organized into an entity of its own, setting up standards and ethical principles which its own members are expected to subscribe to, follow, and exemplify in their daily work.

This discussion tonight has to do with law and medicine only and will undertake to present medicine's viewpoint as to the relationships which ideally should exist between the two professions and guide the individual members of both callings in their attitudes toward each other and their contacts in professional work. The word "profession" implies a long preparatory period of intensive study and training; licensure by an organized body—the state in the case of both law and medicine; service essentially intellectual and advisory, to individuals or to mankind in general by means of mental skills rather than manual dexterity; and altruism with devotion to an objective higher than personal pecuniary gain. In other words, the prime ultimate aim of a profession is to develop an increasingly better and more nearly ideal human society.

The Author

• **Walter E. Vest, M. D., Huntington, W. Va.**

The long range goals of both law and medicine are essentially parallel in their services to mankind—the development of a more nearly ideal community as relates to justice and health. This necessitates a complete and mutual understanding between the professions and full cooperation at all points of professional tangency. Lawyers and doctors are citizens first, and members of a profession secondarily. Community responsibility is probably a greater and graver duty than most professional persons actually realize; at least, I feel sure that is true of my own profession of medicine. Most doctors are so wrapped up in their work that they tend to become professional turtles withdrawing as completely as possible within their professional shells. In my judgment, the lawyer is more responsive to the call to duties of general community responsibility, and certainly he is more in evidence seeking votes about this time of the year than is the doctor, probably to the latter's disparagement be it said.

Physicians and attorneys occupy a similar high status in our society in that the members of each profession are trained and obligated to provide specialized services to their fellow men, and often both are concerned with the problems of individuals involving matters of personal injuries and ill health, and the bodily condition of claimants, including prospects of recovery, partial or complete. In these situations the merits of the controversy usually must be resolved by evidence presented by doctors as witnesses. The principle of expert testimony by physicians as to disease

*Presented before the Medico-Legal Symposium held at the Greenbrier in White Sulphur Springs on August 22, 1956, during the 89th annual meeting of the West Virginia State Medical Association.

and personal injury has been legally recognized since the Code of Justinian which was promulgated about the middle of the sixth century A. D. The doctor on the witness stand is thus in a position apart from the average individual and should recognize his obligation to aid in the administration of justice. In fact, the objectives of both professions in such matters are identical—the promotion of fair and impartial justice to all.

To begin with, we shall consider the physician's responsibilities to the attorney, and here we would name first and foremost the matter of good records, a duty not only to the attorney but to the patient and to the doctor himself. Doctors should realize that every case treated or examined constitutes potential litigation in one form or another; it might be a cause for malpractice against the physician himself. The patient's record should be such that any doctor of medicine, on going over it, could be able to tell why the diagnosis was arrived at and why the treatment instituted was decided upon. The doctor in charge of any patient should recognize that, should litigation growing out of illness or injury ensue, it probably will be necessary for him to serve as a witness and that he is professionally obligated to do so, and, in order to testify correctly and adequately it is necessary for him to keep accurate and sufficient records of the condition, progress, treatment, and disposition of his patient.

All records of attending physicians or surgeons made in connection with examination, care, and treatment of a patient in the office or home, including radiographs, electrocardiograms, and reports of diagnostic and therapeutic procedures are the property of the doctor in charge of such patient; and all charts and records of whatsoever nature made of a patient in a hospital, including electrocardiograms, electro-encephalograms, reports of diagnostic and therapeutic procedures, and professional consultations are the property of the hospital caring for such patient, and are not to be divulged or made available to anyone by such hospital, except by subpoena legally served, unless written permission is granted by the patient and by the doctor in charge of said patient at the time such records were made.

When a physician is called upon by an attorney for a report upon a patient, upon the written authorization of the patient the attorney should be furnished with complete and pertinent information regarding the physical condition of the patient in reference to the disability and the prognosis. When the report is based upon information in the physician's office files, only a nominal charge should be made for the report regardless of the fee charged for the treatment of the disability. When the requested report requires further examination of the patient, or an examination of records other than his own office files, a charge should be made in an amount agreed upon by attorney, doctor, and patient, and it would seem to be best that the fee be agreed upon before the performance of the service.

When a report is requested by someone other than the patient or the patient's attorney, it should never be furnished without the written authorization of the patient. The charge for this service should be in an amount agreed upon by the physician and the person requesting the report.

A physician has a moral and professional obligation, upon the request of an attorney, to conduct an examination and render a report on a patient other than his own, unless there are unusual circumstances which would prevent a thorough and just study, or the rendering of a competent and just opinion in the matter. It is understood that no physician can be compelled, except by competent court order, to accept such employment.

If a medical examination is requested or arranged for by a party adverse to the individual being so examined, or by a prospective employer as a pre-employment medical examination, the report of such examination shall become the property of the person arranging for and paying for it and should be made directly to him in quadruplicate. A copy of all reports of whatsoever nature should always be retained by the examiner.

When a physician is to be called as a witness, the patient's attorney and the physician should confer prior to the trial at a time mutually agreeable, unless both attorney and physician agree that such a conference is unnecessary. If a fee is to be charged for such a conference, the amount should be agreed upon by patient, attorney, and physician, but should not exceed the amount of what the charge would be for the same amount of time and skill for therapeutic professional services.

A physician, the same as every other competent citizen in West Virginia, "is under an obligation to further the administration of justice as a matter of public policy, when summoned by due process of law to give evidence" and as "an expert witness may be compelled to testify to matters of professional opinion, or matters to which he has gained special knowledge by reason of his professional training or experience, without any compensation other than the fee of an ordinary witness." However, when a doctor, "upon the request of a party

ACHROMYCIN

ACHROMYCIN*

Tetracycline *Lederle*

for prophylaxis and treatment of

obstetric infections

Posner and his colleagues[1] have reported on the use of tetracycline (ACHROMYCIN) in 96 cases of obstetric complications, including unsterile delivery, premature rupture of the membranes, endometritis, parametritis, and other conditions. They conclude that this antibiotic is ideally suited for these uses.

Other investigators have shown ACHROMYCIN to be equally useful in surgery and gynecology and virtually every other field of medicine. This outstanding antibiotic is effective against a wide variety of infections. It diffuses and penetrates rapidly to provide prompt control of infection. Side effects, if any, are negligible.

Every gram of ACHROMYCIN is made in Lederle's own laboratories and offered *only* under the Lederle label—your assurance of quality. It is available in a *complete* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection, bolsters the patient's natural defenses, thereby speeds recovery. Especially useful in severe or prolonged illness. Stress formula as suggested by the National Research Council.

SF Capsules, 250 mg.
SF Oral Suspension, 125 mg. per teaspoonful (5 cc.)

For more rapid and complete absorption. Offered only by Lederle!

dry-filled sealed capsules

[1]Posner, A. C., *et al.;* Further Observations on the Use of Tetracycline Hydrochloride in Prophylaxis and Treatment of Obstetric Infections, *Antibiotics Annual* 1954-55, pp. 594-598.

Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

PHOTO DATA: SPEED GRAPHIC CAMERA, F.16, 1/50 SEC., ROYAL PAN FILM

to an action," performs "services to qualify him as an expert witness in the party's behalf, he is entitled to recover the reasonable value of the time and labor spent by him in making the investigation."*

While this is legally correct, when the nature of a doctor's work and his inability to budget his time satisfactorily are considered, it would seem, to me at least, that a fee the equivalent of what the charge would be for the same amount of time consumed in therapeutic service, would be fair and just.

Whenever a physician is called as an expert witness in the case of a patient other than his own, he should be paid such a fee as is agreed upon with the attorney representing the party calling him.

A doctor on the witness stand should give his testimony in language intelligible to the jury and necessary technical terms should be explained in simple, every-day language.

No doctor appearing as an expert witness should ever charge a fee contingent upon the amount of recovery by the patient. To do so would really make him a party to the action and would tend to prejudice his testimony.

Now let us turn the page and consider, as the physician sees it, the responsibilities of the attorney to the physician.

An attorney, by reason of his oath, will not counsel any suit or legal action which appears to be unjust, unless he believes the matter to be debatable under the law. He is responsible for marshalling such facts and professional opinion which he believes necessary, and in a manner consistent with the ethics of his profession. This responsibility holds when an attorney is asked to accept a claim for alleged malpractice against a physician. Doctors are properly held responsible for the exercise of adequate care in the treatment of their patients, but medicine, under which term we include all the medical specialties, by its very nature, cannot be an exact science or art, and the doctor does not guarantee to cure. In fact his legal responsibility is to follow the standards of practice as carried on by his reputable fellow physicians in his community under similar circumstances. Moreover, ill-founded charges of malpractice against a doctor may do irreparable harm to the doctor and to the community which he serves. In all cases of alleged malpractice the attorney for the plaintiff should give special consideration to the merits or faults of the alleged act of malpractice, and should afford the prospective defendant an opportunity to present his side of the matter, in the presence of the defendant's counsel, before subjecting the physician to the publicity of legal action.

When an attorney requests a physical examination of a client, the request should be written with specific mention as to conditions for which he seeks information including the use of laboratory or other diagnostic procedures. Likewise, he should indicate whether a prognosis is desired or not.

It is recognized that the dispatch of business of the courts cannot depend upon the convenience of litigants, attorneys, or witnesses. When a doctor is to be used as a witness, however, attorneys should make such advance arrangements for his attendance as will have due regard for the professional demands upon the physician's time, and in case of settlement out of court or postponement, should notify the physician promptly.

In the event a proposed settlement or actual recovery is insufficient to cover all the expenses, and the attorney on behalf of the client-patient wishes to propose a proportionate reduction of the medical bills, the attorney should present in writing the proposed or actual gross amount of funds to be received and the proposed plan of settlement, including the normal or contractual attorney fee and the actual prorated amount the attorney proposes to charge in that instance.

Certain joint responsibilities of the two professions present themselves for consideration. One of these is the responsibility of developing an enlightened and tolerant understanding of each other and of each other's problems. Each should bear in mind the capacities, understandings, and attitudes of the other, always remembering that both medicine and law are inexact sciences, and that such lack of exactness is always accentuated by the limitations of its practitioners. Such mutual understandings could, we believe, be enhanced by joint annual meetings of bar and medical associations, especially at the local level, presenting programs of mutual interest.

Another joint responsibility is the treatment of each other with becoming courtesy when a physician is on the witness stand. Each should remember that the other is a member of a profession equally honorable and dignified with his own, and that in both law and medicine there is necessarily an area for the exercise of judgment and opinion, and that opinions and judgments of members of the same profession may be distinctly at variance without dishonesty on the part of any individual expressing an opinion.

*Ealy vs. Shelter Ice Cream Company, 108 W. Va. 184.

The physician-witness should remember that he is not an advocate and he should endeavor to appear unbiased and, actually, he must be so. Generally speaking, he should not volunteer information not in response to a question, but volunteer information is permissible when important material has not been brought out in questioning and, if not presented, would hinder rather than aid justice. Also, he should remember to be courteous to the cross-examiner who is on the same dignified professional plane as himself, and his answers should always represent his honest opinions, briefly and succinctly stated, for he is actually giving the jury in simple terms knowledge and experience it has taken him years to acquire.

Tonight's program is in the nature of a preliminary study of inter-professional relationships, and it is hoped that any member of either profession who holds ideas at variance with those expressed here, or who believes that matters other than those mentioned here should be included in a statement of principles intended to govern the two professions in their relationships, will communicate such opinions to the committees which will welcome ideas from the members of both professions as to additions to, deletions from, or modifications of ideas expressed at this meeting.

Precipitating Causes of Malpractice Actions

One of the major precipitating causes of malpractice actions is the result of thoughtless comments and criticisms of doctors relative to the treatment given a patient by other doctors.

It has been estimated that fifty to eighty per cent of all malpractice actions are the result of this type of destructive criticism. It is difficult to explain why professional men are so prone to criticize their brother practitioners so destructively and unethically, but the results of such criticism are not only deplorable but generally are based upon only a very sketchy knowledge of the facts involved.

Patients often, in order to allay their own fears, will go to a second physician to ascertain and determine if the treatment given or suggested is correct. The second, or succeeding doctor before passing judgment on the doctor's care, should review all records, reports and x-rays before making his appraisal of the care and treatment. Criticism offered without full knowledge of examination, laboratory records and x-rays previously obtained is a judgment without foundation.

The late Doctor Louis Regan once stated that in an involved and difficult case the wise use of consultants would always be a bar to unjustified criticism. Unfortunately, however, there is a peculiar psychology in which the medical doctor often feels that he is belittling himself by the use of consultation. This immature thinking should be overcome and consultation should be more frequently used.

It is extremely unfortunate that many malpractice actions are incited by the unjustified criticism of a brother practitioner. Let's all consider this problem very seriously and pledge that we will not destructively criticize our professional brothers without first having obtained a full and complete knowledge and history of the care and treatment previously given and to consider and weigh all of the facts before we sit in judgment.—Donald E. Ross, M. D., in Bulletin, Los Angeles County Medical Association.

The President's Page

Quotes From The 1956 Convention

Did you, doctor, communicate directly with your Senators regarding H. R. 7225 . . . did you attempt to show them the bad points in the bill . . . did you make an effort to understand the bill yourself" . . . ? If not then you are somewhat responsible for the passage of this bill.

Any time you give a drug designed for uterine stimulation, then the burden of trouble rests on your shoulders . . . you must be willing to sit with the patient constantly . . . menopause is a normal function . . . estrogen is nothing foreign . . . the use of estrogen merely delays the ageing process . . . senile vaginitis, pruritis, vulvi, osteoporosis in the aged, all respond to estrogens and anogens . . . there is no proof that cancer is produced by hormone therapy . . . also, nothing is farther from the truth than the conception that cancer can be arrested only by surgery . . . the public must be made to realize that the word 'cancer' in itself is nothing to fear.

Concerning rehabilitation . . . 95 per cent of the cases can be rehabilitated in a community hospital with a small physiotherapy department . . . it isn't so much what you do for the patient but what you teach him to do for himself . . . most people, when they become disabled think they become unattractive and unlovable; a resourceful person will drop to a lower physical level and continue to be useful . . . 30 per cent to 50 per cent of patients who come to a doctor's office today have neurosis or psychoneurotic tendencies . . . 90 per cent of these can be helped.

The psychiatrists' opinion of the ice-pick operation . . . very few of us have any brain to be cut away; if we could add to it, it would be better . . . don't keep your mind in a turmoil by constant worry; relax and let it happen to you.

The emotionally unstable or disturbed child . . . a new disease of our time . . . caused by lack of understanding between mother and child . . . Nine million American women working at full time jobs instead of caring for, teaching, and understanding their children . . . West Virginia must have an institution, not a jail, to teach these youngsters, to teach them what they should have learned at home.

It is a greater mistake to diagnose rheumatic fever that does not exist than not to diagnose a case that does exist . . . a wrong diagnosis of rheumatic fever will follow a child through life . . . he will have trouble getting insurance, jobs, schools . . . there is no reason for special schools for handicapped children . . . these children should go to the regular schools with normal children . . . stairs between classes should be eliminated . . . first floor, to third floor, to second floor to basement not necessary.

On Blue Cross - Blue Shield . . . reimbursement to hospitals for Blue Cross service on an audited actual basis . . . development of a reimbursable cost formula by participating groups in collaboration with the Insurance Commissioner . . . wage a campaign for non-group enrollment . . . uniformity of all Blue Shield contracts and fee schedules in West Virginia . . . two fee schedules to be provided for income groups of $4,000 and $6,000 yearly income.

I would like to express my sincere thanks to all of our members and the members of the Auxiliary who helped make our 1956 Convention a success.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

THAT CONTROVERSIAL ARTICLE

An article concerning the Welfare Fund of the United Mine Workers of America published in the September issue of *Reader's Digest* has provoked tumultuous discussion, no little anger, and much severe criticism in southern West Virginia, especially on the part of the press and the medical profession.

Careful study of the article is productive of several observations. In the first place, a layman, in our judgment, cannot write an article on a scientific subject and produce an accurate and scientifically correct presentation unless he is carefully coached by someone well versed in the science being discussed and having an intimate knowledge of the immediate subject matter implicated.

He may not intentionally distort his subject or slant his writing but unless his work is fairly thoroughly edited and revised by one steeped in that particular science, the final product will in all probability present a warped and inaccurate picture of what the author is attempting to portray.

If his biographical sketch in "Who's Who" is correct, and we have no reason to doubt its authenticity, the author of the article is a master journalist, has written upon many and varied subjects, and has achieved a high place in his chosen profession. Certainly he is a genius at the gathering of old wives' tales on short notice.

We have information to the effect that he sojourned in Beckley only a very few days, but his collection of medical superstitions reached astounding proportions. We were born and bred in the southern Appalachians and, except for a very few years, have spent our entire lifetime there, but we must confess that we had never heard of any of his accumulation of therapeutic folklore save the legend of the black cat's blood. But there he omitted what we conceive to be the strongest stimulus of reader interest, the method of its application.

We have always heard that this remedy will effect a cure only in case the tip of the tail of the somber-hued feline is severed and the warm blood allowed to ooze over the herpetic area. One gem of prophylaxis which he apparently missed was the carrying of a buckeye in the left breeches pocket to ward off rheumatism. We just cannot understand how he spent six days in such a quest in southern West Virginia and missed that one.

The author's inaccuracies as to maternal and infant mortality and our hospital facilities have been well handled in a dignified manner by the Council of the West Virginia State Medical Association; hence we pass that phase without further comment.

Another thought which obtrudes itself upon us is the ease with which a capable writer, not too well versed in the actual science of his subject, in order to arouse reader interest, introduces the unusual, the spectacular, and even the hearsay

in such a manner as to leave the unwary reader under the impression that these are the usual or even the commonplace, and are to be considered equally factual with any correct data presented.

We sometimes wonder if an author, with his inexact knowledge of his scientific subject matter, does not actually insinuate himself unconsciously into the position of the unwary reader, and really comes to believe as does the latter. The stimulation of reader interest may indeed be overdone. We have heard this characteristic referred to colloquially as the "shock value" of a story, and certainly the article we are considering was highly charged with "shock value."

Lay writers using medical subjects can always secure correct information from medical societies and health departments. As far as our information goes, no effort was made to check the accuracy or the completeness of the material presented in this article through the instrumentality of any of these organizations. One might suppose that such a story would be cleared with the Medical Director of the Welfare Fund, but Dr. Draper informs us in an unsolicited letter that he never even heard of the article until he received a marked copy of the magazine after publication.

One of the serious objections to the article in question is that there is, at least in our judgment, implied but unmerited criticism of the mine physicians. Forty years' experience in southern West Virginia, coming directly in contact with these men all the time, has demonstrated to us beyond the shadow of a doubt that the overwhelming majority of them are earnest, capable, hard-working doctors, and that they do the very best they can for their patients. Moreover, almost without exception they hold membership in their local medical societies and the West Virginia State Medical Association and attend meetings as regularly as their professional work permits. Any shortcomings in medical practice at the mines have been a matter of lack of facilities rather than neglect or incompetence on the part of the mine physicians.

We concur heartily in the author's opinion that the Welfare Fund has had good management. Dr. Draper's accomplishment in organizing and developing the work has been successful pioneering which can be described properly and correctly as phenomenal. He developed the medical service within the American ideal of free enterprise giving the miners, within certain limitations, free choice of hospital and doctor, and his original lists of specialists, at least in some localities, were arranged and the selections made by committees of the local medical societies. These specialty lists included all competent specialists regardless of certification.

The Fund began operation in 1948 and most of the backlog of the disabled from injuries and chronic diseases had been worked out before the opening of the Fund hospitals. Since these institutions have been in operation, the beneficiaries are still permitted to go to other hospitals and doctors if they so desire.

The Fund has been a godsend to the miners, and its impact upon medicine and hospitalization has unquestionably been a great stimulus to better medical and hospital care of the entire populace of the southern Appalachian mining area.

WE DO WEAR SHOES

There is a wonderful article in the current issue of *Reader's Digest*. The title is "The Miner's Fund—A Tribute to Good Management" by Ira Wolfert.

This article is "old hat" to those of us that have developed great pride in our newest medical facility in Beckley. We can't help but enjoy wide spread publicity.

The article praises, and no praise is too great, the magnificent job being done by the UMWA Medical Service, Welfare and Retirement Fund. The honest administration of this huge financial nest egg against misery has become famous throughout the nation. Government has held it up as a model of the free enterprise method of blocking the coming of the welfare state. The highest compliment is deserved because this fund started and had its healthy infancy when other similar funds were suffering shocking abuses and gangsters were draining off most of the benefits into their own pockets.

We liked the article—but reader, beware—unfortunately Mr. Wolfert has over-stated or overdramatized a large part of the background. We feel sure that a lot of his exaggerated examples are the result of old wive's tales and conditions that haven't existed for many years. We would have appreciated it much more if he had taken a paragraph or two to say that literacy is high in these gorgeous Appalachians and that we do wear shoes.—*Raleigh Register.*

Writer Ira Wolfert adopted a stale and overworked format in an attempt to inject dramatics

into the *Reader's Digest* article on the Miners' hospitals recently opened in West Virginia, and his inaccuracies now are under attack by the State Medical Assn.

LIFTING THE CLOUD

Taking his cue from such charming predecessors as Irvin S. Cobb and Will Rogers, Wolfert left his literary slip showing in alluding to what he assumed to be our blind and naked hill country ignorance.

Time was, a quarter century or so ago, when the blood of a black cat was used to treat shingles, when a wrap-around of copper wire was applied to an arthritis-ravaged limb, when axle grease was used to ward off scarlet fever.

But thanks to the gentle proddings of Cobb, Rogers and their kind, we've tidied up our hill country. Nobody today is denied proper medical care in this state, except those who prefer to worship at the alter of quackery because of religion or deep-seated suspicion of everything modern.

Wolfert praised the new miners' hospitals, and it was right that he should. West Virginians by the thousands have done the same thing. But there was no just cause for him to put the rest of the hospital system and medical profession in West Virginia under a cloud simply to serve his literary ends.

His assertion that infant mortality and maternal morbidity are double the national average was a "gross exaggeration," one spokesman for the medical profession said. His assertion that "no adequate facilities" are available in the Southern Appalachian hills is a "crude misstatement of fact," said another.

Wolfert brought ridicule on the whole medical profession by failing to check on conditions as they really exist. He also ridiculed the general intelligence of the public by imputing to it an unwholesome suspicion of modern medical practice.

We're informed that Wolfert didn't bother to visit hospitals other than those built for the miners at Beckley, Logan and Williamson. He didn't confer with authorities of the State Health Department, the West Virginia Medical Assn. or West Virginia Hospital Assn.

He evidently assembled a collection of old wives' tales, scanned UMW welfare fund hospital brochures and whipped together his rough-cut literary gem.

He and the *Reader's Digest*, thus, stand accused of rash and fallacious reporting of the facts, and it is proper that the medical association should take up the cudgels against them.

We only hope, when the answer to the *Reader's Digest* article is prepared Sunday, that the doctors give it a reasonable and prudent tone, presenting only the facts and leaving opinion to the public.

By such a device, they'll bring truth to what is now a twisted, pedantic piece of writing and complete a task only perfunctorily started by Wolfert.—*The Charleston Gazette.*

No more grossly misrepresented piece of national reporting has ever come to our attention than an article in the current issue of *The Reader's Digest.*

CAUSE FOR INDIGNATION

It has long been a practice of metropolitan writers, it seems, to cast aspersions on the people living in the mountains of West Virginia. But the *Reader's Digest* article by Ira Wolfert presents as false a picture of a whole region as we have yet to see in print.

The tone of Wolfert's piece—on "The Miners' Fund"—conveys the impression that the region covered by the United Mine Workers' chain of fine new hospitals was virtually without medical facilities before, and that the medical treatment the people were receiving bordered on the medieval.

"Here is the story of a gift of mercies beyond telling," his article begins—and then this:

"The gift was made in June to the Kentucky, Virginia, and West Virginia hill country where people were literally dying for lack of medical care; where infant mortality and the death rate for mothers were double the national average; where the blood of a black cat was used to treat shingles, a wrap-around of copper wire to cure arthritis; where an investigation revealed that 29 of 54 major operations performed had been mistakes caused by improper diagnosis."

Further on in the article we find this section of the country described as a "region where sufferers from mumps are still being forced to walk across a stream with sardine oil rubbed under their chins, on the theory that this will make the mumps stay behind on the bank."

And in one town, he says, "a doctor coated his scarlet-fever patients with axle grease from head to foot to keep the germs sealed up and eliminate quarantining."

The article is not only a reflection on the physicians, it is a reflection on the people of the re-

gion referred to. Small wonder the article has stirred up indignation in the Medical Society of West Virginia and, judging from the comments we have heard expressed here in Beckley, among people of all walks of life.

To allow an article of such wide distribution to go unchallenged for accuracy is ridiculous. Governor William C. Marland, as the state's chief executive, ought, if he has any pride in his State, to let the whole country know that West Virginia is not the kind of region portrayed in this article.

The new UMW hospitals are a wonderful addition to the medical facilities of this state, all will admit, and it should not be necessary to present a picture of medieval conditions that do not exist to tell the story of their blessing.—*Beckley Post-Herald.*

CONVENTION POST-MORTEMS

Convention post-mortems prove conclusively that the 89th annual meeting held at the Greenbrier in August was a huge success. Many of the complimentary notes received read like the solicited testimonials you find in various mediums of advertising.

The program committee is to be commended for its excellent selection of guest speakers and the subjects for the symposiums. Attendance at the scientific sessions was most gratifying, and as one of the guest speakers commented, "the audience could not have been more enthusiastic."

As noted elsewhere in the *Journal*, the Association will benefit from the very capable leadership of two presidents during the coming year. Due to a change in the Constitution and By-Laws, Dr. E. Lyle Gage of Bluefield will serve as president from January 1 through the last day of the annual meeting next August, at which time he will be succeeded by Dr. Charles A. Hoffman of Huntington. Doctor Hoffman is the first physician to serve as president elect under the new amendment to the Constitution.

Another "first" was recorded at the meeting at the Greenbrier. Dr. J. Howard Anderson of Welch was selected as this state's first "General Practitioner of the Year." His name will be submitted along with those similarly honored by other states for the AMA recognition as "General Practitioner of the Year."

Doctor Anderson's acceptance speech before the House of Delegates was indeed one of humility in which he expressed sincere thanks to his fellow physicians in the state for the high honor accorded him.

The medical profession in this state takes pride in holding its annual meetings at a location where postgraduate education can be combined with relaxation and recreation. Busy physicians look forward to these three or four days each year when they can get away from the grind of every day practice and meet together to obtain first-hand information concerning the newest developments in the fields of medicine—and, at the same time, enjoy the recreational facilities found at the Greenbrier.

THE WEAKER SEX

Frequently the phrase, "the weaker sex," is used when speaking of women. No discourtesy is meant, although some women may have certain mental reservations when they are referred to in this manner. We should reassay this concept of women. The old cliche, "the weaker sex," can now seriously be questioned.

Considerable evidence can be adduced to show that it is the male, rather than the female, which is the weaker sex. Let us consider some physiologic proof that the female has the stronger constitution. It is well known, for example, that women are capable of withstanding high blood pressure for years. In many instances it appears to do them little harm, since, in spite of it, many live to a ripe old age.

Hypertension in the male is generally a serious matter and many men die comparatively young from heart failure or from cerebral hemorrhage due to hypertensive states. The reason for this difference between the sexes is not known. What has been said must not be interpreted to mean that women never suffer from malignant hypertension. Unfortunately some do.

It has been recognized for a long time, moreover, that women are not as apt to suffer from diseases of the coronary arteries as are men. Later observations have shown, however, that more women are afflicted with this condition than is generally realized. Whether this is due to an increase in smoking among women or that women nowadays engage in highly competitive business ventures has not been determined. The entire matter, of course, calls for extensive observation and research.

Basic research has been done on the ability of rats to withstand acute oxygen want. It was shown that the females were able to withstand hypoxia significantly better than the males. The point can be raised as to whether these findings could be applied to human beings. More work

is needed and several different species of mammals should be used in such a study.

It is well known, and even accepted, that women live longer than men. Life insurance statistics definitely show that there are more widows than widowers. It is known further that more boy babies are born than girl babies, but a higher percentage of the former die shortly after birth. Thus, it would seem that nature tries to redress this imbalance.

The evidence already presented seems to prove convincingly that the male, and not the female, is the weaker sex. Few males will be quick to admit this because it hurts their ego. In summary, it does seem that it would be wise to discontinue to speak of women as the "weaker sex". Why not simply call them the "fair sex" and let it go at that. This would be more accurate and would moreover please everyone.

DOCTORS REPEAT IN ELECTION

Here is an odd circumstance.

At the annual meeting of the Ophthalmological and Otolaryngological Section of the West Virginia Medical Association at While Sulphur Springs in 1934, Dr. William F. Beckner of Huntington was elected president and Dr. F. O. Marple of Huntington secretary and treasurer.

At the annual meeting of the same section at White Sulphur Springs in 1956—only a week ago—Dr. William F. Beckner of Huntington was elected president and Dr. William K. Marple of Huntington was elected secretary and treasurer.

When Dr. Beckner headed the society in 1934, it was formally titled the West Virginia Academy of Ophthalmology and Otolaryngology. The national organization in the same field is the American Laryngological, Rhinological and Otolaryngological Society, and we hope we've got it spelled right.

Dr. William K. Marple is the son of Dr. F. O. Marple.

Thus the top executive positions of the society made the complete circle in 22 years and landed in Huntington both times.

For those of us who haven't read any Greek lately, Ophthal- etc. etc. means eye, ear, nose and throat, mostly.

The society has about 100 members, and no little distinction attaches to election to office by its membership.

Whenever the name Marple comes up, we remember with affectionate regard those of the name whom we knew best in former times—Dr. F. O. Marple and Dr. A. I. Marple.

Dr. A. I. Marple, especially, has told us in the past of the old home place in Upshur county, where the family settled in early times. Given names in the family are of no little interest, as we remember. F. O. Marple was Festus Oval Marple and A. I. was Audry Ivan. The Rev. Omar Upton Marple was one of the older generation, and we believe there was an Americus Vespucius Marple somewhere in the family line. We propose to investigate this matter further.

Another distinguished figure in the O. & O. Section of the West Virginia Medical Society was Dr. Thomas Waterman Moore of Huntington, who must be among its oldest living members.

Dr. Moore, now retired, will be 90 years old next October 4. According to Who's Who, he was born at Catlettsburg, Ky., October 4, 1866. He has been president of the Southern Medical Association in 1929, president of the West Virginia State Medical Association in 1910, and president of the Central Tri-State Medical Association in 1925.—*James R. Haworth in Huntington Advertiser.*

Beware The Hat!

The Physicians Forum, which was once spearheaded by a committee headed by the late Ernst P. Boas of New York, is passing the hat again among doctors for funds to finance a campaign to get social security for doctors. The Forum recently mailed a four-page brochure to every doctor in the United States, practically the same kind of brochure that it mailed back in 1952.

The response from doctors will probably be no better this time than it was in 1952. Too many honest and sincere physicians recall the activities of The Physicians Forum a few years back.

The Forum, which labeled itself the "voice of the liberal doctor," once championed the fight in behalf of the Wagner-Murray-Dingell bill providing for compulsory national health insurance. Many physicians also remember how, in November, 1945, The Physicians Forum issued a statement saying that it "strongly approves the message of President Harry S. Truman calling for the establishment of a nationwide health and medical care program to supply the medical needs of all Americans regardless of income, race and religion."

Within the next few weeks, the A.M.A. Journal will publish a series of two excellent articles dealing with the subject of social security for physicians. The articles strongly refute the statements and arguments presented in The Physicians Forum brochure, showing beyond question that they are false and misleading.—George F. Lull, M. D., in A.M.A. Secretary's Letter.

GENERAL NEWS

Dr. E. Lyle Gage Elected President Of State Medical Association

Dr. E. Lyle Gage of Bluefield was elected president of the West Virginia State Medical Association during the 89th annual meeting at the Greenbrier in White Sulphur Springs, August 23-25. He will take office on January 1, 1957, succeeding Dr. Athey R. Lutz of Parkersburg.

Doctor Gage, a prominent neurosurgeon, is head of the neurological department of Bluefield Sanitarium. He will serve as president from January until the close of the annual meeting in August, 1957, at which time he will be succeeded by Dr. Charles A. Hoffman of Huntington, the president elect, who will serve for a full year.

E. Lyle Gage, M. D.

New Election Procedure

The change in the official tenure of office was necessitated by an amendment to the constitution of the State Medical Association adopted at the first session of the House of Delegates on Thursday evening, August 23. The constitution now calls for the election of a president, president elect, vice president and treasurer. It also changes the term of these elective officers from the calendar year to the year next succeeding their election, beginning the day following the last day of an annual meeting.

In addition to the above named officers, Dr. George F. Evans of Clarksburg was elected vice president, and Dr. T. Maxfield Barber of Charleston was named to his 30th consecutive term as treasurer of the Association.

New Councillors

Six members of the Association were elected to a two-year term on the Council, effective January 1, 1957. They are as follows:

First district, Seigle W. Parks, Fairmont; second, Charles L. Leonard, Elkins (reelected); third, L. E. Neal, Clarksburg; fourth, Ray H. Wharton, Parkersburg (reelected); fifth, L. J. Pace, Princeton; and sixth, William L. Cooke, Charleston.

Hold-over Members

Dr. D. E. Greeneltch of Wheeling was named to fill the unexpired term of Dr. R. Alan Fawcett of Wheeling, resigned. Doctor Greeneltch will serve until December 31, 1957, as one of the two members from the first district.

In addition to Doctor Greeneltch, hold-over members of the Council who will serve during 1957 are as follows:

Second District, Carl E. Johnson, Morgantown; third, J. C. Huffman, Buckhannon; fourth, Francis L. Coffey, Huntington; fifth, Russell A. Salton, Williamson; and sixth, Philip W. Oden, Ronceverte.

AMA Delegates

Dr. Walter E. Vest of Huntington was reelected AMA delegate from West Virginia for the two-year term ending December 31, 1958. Dr. J. C. Huffman of Buckhannon was reelected as an alternate delegate and will also serve a two-year term.

Dr. Frank J. Holroyd of Princeton is the other AMA delegate from West Virginia, and Dr. Thomas G. Reed of Charleston, is an alternate.

New President Native of Wisconsin

Doctor Gage was born at Whitehall, Wisconsin, October 22, 1901. He attended the University of Wisconsin and received his M. D. degree from the University of Pennsylvania School of Medicine in 1928. He also received an M. S. degree from McGill University, Montreal, Canada.

He interned at the University of Pennsylvania, 1928-30, and had four years' postgraduate work at Royal Victoria Hospital in Montreal. He was licensed to

practice in West Virginia in 1939 and located at Bluefield. He had previously been a member of the staff of the British-American Hospital in Callao, Peru. He was certified in surgery in 1943, and in neurological surgery in 1948.

Doctor Gage served as president of the Mercer County Medical Society in 1947, and as a member of the Council of the State Medical Association, 1949-52. He is currently serving as first vice president, a post he has held for two years. He has been chairman of the fact finding and legislative committee for the past two years, and was elected an associate editor of the West Virginia Medical Journal in 1955.

He married the former Mary Isabella Sloatman of Norwood, Pennsylvania. They have five children, Everett Lyle, Jr., a student at the University of Pennsylvania; Grace Caroline, who is enrolled at Stephens College; and Barbara Murel, Charles Quincey, and John Sloatman, at home.

During World War II, he served as a member of the medical corps of the Navy, 1942-46.

Man Must Work

Man must work. That is certain as the sun. But he may work grudgingly or he may work gratefully; he may work as a man or he may work as a machine. There is no work so rude that he may not exalt it; no work so impassive that he may not breathe a soul into it; no work so dull that he may not enliven it.—Henry Giles.

Constitutional Amendment Proposed

The following amendment to the Constitution of the West Virginia State Medical Association offered at the annual meeting of the House of Delegates in White Sulphur Springs, August 23-25, 1956, by Richard E. Flood, M. D., of Weirton, chairman of the committee on Constitution and By-Laws, will be submitted to the House for final action at the 90th annual meeting at the Greenbrier, August 22-24, 1957:

Article V

Sec. 1. Amend the section, mimeographed line 6, by striking out the words "two Vice Presidents" and inserting in lieu thereof the words "President Elect, Vice President."

(The effect of the amendment would be to provide for membership in the House of Delegates of the President Elect and the Vice President).

New Officers of Trudeau Society

Dr. Haven M. Perkins of Charleston was elected president of the West Virginia Trudeau Society at the annual meeting of that group which was held in Beckley, September 13, during the 36th annual meeting of the West Virginia Tuberculosis and Health Association.

Other officers elected were Dr. George F. Evans of Clarksburg, vice president, and Dr. Morris H. O'Dell of Charleston, secretary-treasurer.

Newly elected officers of the West Virginia State Medical Association are shown with Dr. Athey R. Lutz of Parkersburg, left, president for the current year. Dr. E. Lyle Gage of Bluefield, center, will take office as president on January 1, 1957, and will be succeeded by Dr. Charles A. Hoffman of Huntington, right, the president elect, on the day following the close of the annual meeting at White Sulphur Springs next August.

Dr. J. Howard Anderson Named 'GP of the Year'

Dr. James Howard Anderson of Welch, who has devoted more than 50 years of his life to the practice of medicine, was selected as the first recipient of the "General Practitioner of the Year" award which is to be presented annually by the State Medical Association.

Doctor Anderson will be West Virginia's candidate for the 1956 AMA award of "General Practitioner of the Year." His name will be submitted to the AMA House of Delegates at the Clinical Meeting in Seattle, Washington, November 27-30.

He was chosen for the honor at the first session of the House of Delegates of the West Virginia State Medical Association during the 89th annual meeting at the Greenbrier in White Sulphur Springs, August 23-25.

Tribute from AMA President

The 81-year-old physician from McDowell County was on hand at the second session of the House of Delegates on Saturday afternoon, August 25, and accepted the award from Dr. Athey R. Lutz, president of the State Medical Association. He also received a personal salute from Dr. Dwight H. Murray of Napa, California, president of the American Medical Association, who was the guest speaker at the afternoon session. Doctor Murray is also a general practitioner.

Son of Presbyterian Minister

Doctor Anderson was born in Latrobe, Pennsylvania, on June 15, 1875, son of the Rev. Thomas Bingham and Lida (Brown) Anderson. His father was a Presbyterian minister. He received his preparatory education at Chambersburg Academy and was graduated from Washington and Jefferson College in 1895. Following his graduation, he taught school for five years before entering Jefferson Medical College in Philadelphia.

He received his M. D. degree in 1904 and served his internship at Jefferson Hospital in Philadelphia. He also served a year as a pathological resident at the hospital before moving to Pequaming, Michigan, where he served as physician-surgeon for a lumber company in that community.

In 1907, he located at Marytown in McDowell County, and has practiced continuously in that area since that time. He was named an assistant surgeon for the Norfolk and Western Railway in 1910, and still serves in that capacity. He participates actively in various civic and church affairs in Welch.

Doctor Anderson served two terms each as secretary and president of the McDowell County Medical Society. He was secretary of the State Medical Association for five years, and was president in 1921. He served on the Council from 1922 to 1930. For several years he was a member of the editorial staff of the West Virginia Medical Journal. He is a member of the American Medical Association and the Southern Medical Association.

The following paragraphs concerning Doctor Anderson's early practice in the "Free State of McDowell" were taken from the Welch Daily News:

"Doctor Anderson's practice dates back to the days when there were no roads in this section and often he made calls on horseback or walked because it was faster. The doctor recalls that those were the 'rough' days when it wasn't safe to be out alone after dark.

"Some 3,700 'free staters' have been ushered into the world by Dr. Anderson. He especially points with pride to a set of triplets which he delivered in 1943. The trio, Patricia Ann, Virgil Anderson and Patrick Howard Green, survived and now reside in Capels.

"During the dread flu epidemic of 1918, Dr. Anderson worked around the clock in administering to the sick and took only short periods off for eating and sleeping. He handled 1,176 cases from early October through December of that year and lost only 11 patients.

Dr. J. Howard Anderson of Welch, center, recipient of the State Medical Association's first "General Practitioner of the Year" award, is shown with Dr. Dwight H. Murray, AMA president, left, and Dr. A. J. Villani, also of Welch, following his acceptance of the award at the final session of the House of Delegates at the annual meeting in August.

"Dr. Anderson came to McDowell County in 1907 as physician and surgeon for the Semet-Solvay division of Allied Chemical and Dye and began serving coal miners in the Marytown area. Upon his arrival he was warned to be suspicious of strangers and cautioned not to carry a lantern at night. One of his first patients was a man who had been shot for carrying a lantern. Another story recalled by Dr. Anderson is his first Christmas in the coal fields.

"On Christmas Eve he was called to the scene of a battle royal between two groups of coal workers who had just been paid and indulged in drinking. He found one Negro dead, one foreigner dead and another Negro and foreigner seriously wounded.

"During the past few years, Dr. Anderson has made several attempts to retire but 'his people' won't let him. He truly typifies the general practitioner who sacrifices himself for his patients and community."

Blue Shield Plan of Parkersburg Medicare Fiscal Agent

The Advisory Committee named in connection with the new Dependents' Medical Care Program has completed a draft of the major items in a fee schedule submitted by the Department of Defense, and the lesser items in the schedule will be given consideration at a meeting in the near future.

The Parkersburg Blue Shield plan (Medical-Surgical Care, Inc.), of which Mr. Ray A. Wyland is the executive director, has been designated as intermediary or fiscal agent of the State Medical Association in connection with the new program which will become effective nationwide on December 8, 1956.

The eight Blue Cross-Blue Shield plans in West Virginia had been agreed upon previously as fiscal agents, but in view of the recommendation of the Department of Defense, only a single plan was named for the state program.

The major items in the fee schedule were agreed upon by the Advisory Committee at a meeting held in Parkersburg on September 2, 1956. The schedule is based upon an income of $5,000 or less.

The committee, which was named by Dr. Athey R. Lutz, to serve in a consultant and advisory capacity to the coordinator, Charles Lively, executive secretary of the West Virginia State Medical Association, is headed by Dr. Charles A. Hoffman of Huntington. The other members are Drs. Charles M. Scott of Bluefield, Russel Kessel of Charleston, Sobisca S. Hall of Clarksburg, George T. Evans of Fairmont, Maynard P. Pride of Morgantown, Ray H. Wharton of Parkersburg and R. U. Drinkard of Wheeling.

Dr. R. W. Powell Heads MCV Alumni

Dr. Rupert W. Powell of Fairmont was elected president of the West Virginia Chapter of the Medical College of Virginia Alumni Association at the annual meeting held at the Greenbrier in White Sulphur Springs, August 23, 1956. He succeeds Dr. H. M. Beddow of Charleston.

New All-Time Attendance Record Set At Annual Meeting in August

The all-time attendance record at annual meetings of the West Virginia State Medical Association was broken for the second consecutive year during the 89th annual meeting at the Greenbrier in White Sulphur Springs, August 23-25.

The overall attendance was 874 as compared with 784 in 1955.

A total of 507 doctors were registered during the three-day meeting. This compares with 458 in 1955.

The auxiliary registration was 200, which was 12 short of the all-time record set last year. Other guests registered, including representatives of exhibitors, totaled 167.

1957 Meeting at the Greenbrier

The 90th annual meeting of the West Virginia State Medical Association will be held at the Greenbrier in White Sulphur Springs, August 22-24, 1957. All annual meetings of the Association have been held there since 1949.

Both sessions of the House drew a near-record attendance of delegates. There were 97 members present at the first session on Thursday evening, August 23, and 96 at the second session on Saturday afternoon, August 25.

Dr. J. Howard Anderson GP of the Year

At the opening of the final session of the House of Delegates on August 25, Dr. J. Howard Anderson of Welch, who had been named "General Practitioner of the Year" at the session on Thursday, August 23, was introduced by the president, Doctor Lutz, and spoke briefly, accepting the honor that had been bestowed upon him.

Distinguished Guests at Convention

At the same session, Dr. Thomas W. Moore of Huntington, who will be 90 years of age in October, was introduced. He is the oldest living past president of the West Virginia State Medical Association.

Guest speakers at the first general scientific session at the annual meeting confer with the moderator, Dr. Carl B. Hall (second from right), prior to participating in a Symposium on Rehabilitation. Left to right, Dr. Donald A. Covalt of New York City, Dr. Bernard J. Walsh of Washington, Doctor Hall, and Dr. O. Spurgeon English of Philadelphia.

Dr. Thomas H. Alphin, Director of the AMA Office in Washington, was present for the three-day meeting, and he was also presented at the final session of the House of Delegates.

Dr. Dwight H. Murray of Napa, California, president of the American Medical Association, paid his official visit to West Virginia during the convention. He was introduced and delivered an address immediately preceding the opening of the second session of the House.

At the first session of the House of Delegates on Thursday evening, August 23, the following visitors were introduced:

Mrs. Mason G. Lawson, Little Rock, Arkansas, immediate past president of the Auxiliary to the AMA; Mrs. John J. O'Connell, St. Louis, Missouri, president, Auxiliary to the Southern Medical Association; Mrs. William Evans, Youngstown, Ohio, president of the Ohio State Medical Association; Mrs. Alfred Crozier, Pittsburgh, Pennsylvania, president elect of the Pennsylvania State Medical Association; Mrs. J. E. Spargo, Jr., Wheeling, president elect of the Woman's Auxiliary to the West Virginia State Medical Association; and Mrs. Paul P. Warden, Grafton, president of the Woman's Auxiliary to the State Medical Association.

Dr. Robert S. Martin of Zanesville, Ohio, president elect of the Ohio State Medical Association, and Dr. Albert B. Kump of Bridgeton, New Jersey, president elect of the Medical Society of New Jersey were guests during the convention and were presented at the first session of the House of Delegates.

Amendments to Constitution Adopted

The amendment to the constitution with reference to the election of a president elect and one vice president instead of two, and providing for a change in the date of the period of service of the elective officers, except the councillors, was adopted at the first session of the House on Thursday evening, August 23.

The original amendment was offered by Dr. Myer Bogarad of Weirton at the annual meeting in 1955 and was held over in regular order for one year.

The House accepted an amendment offered by Dr. Sobisca S. Hall, clarifying the provision relating to the beginning and end of the term of the elective officers.

Dr. Frank J. Holroyd of Princeton, left, one of the AMA delegates from West Virginia, and Dr. J. C. Huffman of Buckhannon, right, alternate delegate, confer with Dr. Dwight H. Murray, AMA president, during a session of the House of Delegates at the Greenbrier.

The amendment as finally adopted provides that the term of the president, president elect, vice president and treasurer elected at the annual meeting this year is to begin on January 1, 1957, and end on the last day of the annual meeting next August.

In the future, the term of the elective officers, with the exception of the Council, will be for the period of one year beginning the day following the last day of the annual meeting and ending on the last day of the next succeeding annual meeting.

Blue Cross - Blue Shield Approved

The annual report of the chairman of the Council was submitted by Dr. J. P. McMullen at the first session of the House of Delegates on August 23. The report is published elsewhere in this issue of the *Journal*, together with other reports made orally during the meeting.

The House went on record unanimously as approving the recommendations included in the report with reference to the Blue Cross - Blue Shield program in West Virginia.

Medical Members of Committee Renamed

Following the recommendations of the members of the committee, the House directed that a continuing committee be appointed to make a further study of the Blue Cross - Blue Shield program, with particular reference to consolidation of plans.

The committee will have before it for consideration the resolution adopted by the Cabell County Medical Society on June 14, 1956 concerning such consolidation.

(Subsequently, the president, Dr. Athey R. Lutz, renamed Dr. Russel Kessel of Charleston, Dr. Charles A. Hoffman of Huntington, and Dr. R. U. Drinkard of Wheeling, as the medical members of the joint Blue Cross - Blue Shield committee, which is composed of representatives of the State Medical Association, the West Virginia Hospital Association and the Blue Cross-Blue Shield Association of West Virginia).

Business Expense Insurance Program

A supplemental report of the Insurance Committee was submitted to the House in which it was reported that a Business Expense Disability Policy will be offered to the membership within the next few weeks.

The chairman of the committee, Dr. Charles A. Hoffman, stated that the policy will offer protection to cover a physician's office expenses for a period of up to one year of disability. The report, approved by the House, is published elsewhere in this issue of the *Journal*.

Dependents' Medical Care Plan Approved

The House accepted the recommendation of the Insurance Committee embodied in the report submitted at the first session concerning the designation of the Blue Cross-Blue Shield plans in West Virginia as intermediary agents to the Department of Defense in providing coverage under the new Dependents' Medical Care Act.

The executive secretary, Charles Lively, was named coordinator of the plans and official representative of the West Virginia State Medical Association.

Subsequently, Doctor Lutz named the following committee to serve in a consultant and advisory capacity to the coordinator in implementing the provisions of the Act, including the formulation of adequate fee schedules:

Charles A. Hoffman, Huntington, Chairman; Charles M. Scott, Bluefield; Russel Kessel, Charleston; Sobisca S. Hall, Clarksburg; George T. Evans, Fairmont; Maynard Pride, Morgantown; Ray H. Wharton, Parkersburg; and R. U. Drinkard, Wheeling.

Amendments to Constitution Pending

Three amendments to the constitution were submitted by Dr. Richard E. Flood of Weirton, chairman of the committee on constitution and by-laws, the effect of which will be to change certain sections of the constitution so as to meet the requirements of the amendment adopted by the House of Delegates concerning the election of a president elect and the change of the term of officers from a calendar year to a fiscal year beginning the day following the last day of an annual meeting. The amendments will be found elsewhere in this issue of the *Journal*,.

Plea for Hill-Burton Funds

A strong plea for the support of the West Virginia State Medical Association in obtaining additional Hill-Burton Funds for the University Hospital at Morgantown was made by Dr. Thomas L. Harris of Parkersburg, a member of the Board of Governors of West Virginia University.

Doctor Harris reviewed the difficulties experienced in obtaining funds sufficient to assure the completion of the hospital in time for use by students who complete their first two years of education following the opening of the new medical school in 1957.

He reported that the Board of Governors is still hopeful that the program can be worked out at an early date so that construction of the new hospital may get under way without delay.

Thanks to the Press and the Greenbrier

Just before adjournment of the second session, the House unanimously adopted a resolution of thanks to the Associated Press, the United Press, the Charleston Gazette, the Charleston Daily Mail and the West Virginia press generally for the splendid coverage of the proceedings of the annual meeting at White Sulphur.

Another resolution was adopted expressing appreciation to the management of the Greenbrier for the many courtesies shown by the administrative staff and service personnel during the three-day meeting at White Sulphur Springs.

Change of Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

Council Clears Heavy Calendar At Pre-Convention Meeting

The Council of the West Virginia State Medical Association has approved in its entirety the recommendations made in the report of the Joint Blue Cross-Blue Shield committee, submitted originally at a meeting held in Charleston on May 13, 1956.

Action on the report, which was presented at that time by the chairman, Dr. Russel Kessel of Charleston, was postponed pending study by all of the members.

At the pre-convention meeting held at White Sulphur Springs on August 22, 1956, the report was ordered received and all of the recommendations approved. The chairman was authorized and directed to report the action of the Council to the House of Delegates at its first session the following day. The House unanimously accepted the recommendations made by the committee.

A resolution adopted on June 14, 1956 by the Cabell County Medical Society, recommending, among other things, consolidation of some of the Blue Cross-Blue Shield plans, was referred to the Blue Cross-Blue Shield committee for further study.

New Compensation Fee Schedule

The action of the members in approving by a poll by mail the proposed new Workmen's Compensation Fee Schedule was ratified, with the understanding that the committee is to use the schedule as a basis for negotiation with the Compensation Commissioner.

Dependents' Medical Care Program

The new "Dependents' Medical Care Program" was discussed by Dr. Charles A. Hoffman, chairman of the Insurance Committee, who stated that the program is being placed in operation over the entire country by the Department of Defense.

The report of the committee, published elsewhere in this issue of the *Journal*, was adopted unanimously with the understanding that it would be submitted to the House of Delegates at the first session on August 23.

"General Practitioner of the Year"

Nominations received for the designation of "General Practitioner of the Year" were ordered reported to the House of Delegates for proper consideration and action.

Local School Support Amendment

Dr. Paul L. McCuskey of Parkersburg discussed the proposed "Local School Support (Taxation and Finance) Amendment" which will be submitted to a vote at the general election in 1956.

The Council went on record unanimously as approving the adoption of the amendment to the constitution.

Headquarters Offices Moved

The Council ratified the action taken by a poll of its members in July, 1956, approving the removal of the headquarters offices to the fourth floor of the Atlas Building in Charleston.

The new quarters will consist of approximately 900 square feet of floor space. The offices previously have

been housed on the third floor, with approximately 600 feet of floor space. The executive secretary reported the new address as 401 Atlas Building.

In considering the matter, the Council also unanimously ratified the position previously taken by a poll of the members in directing that needed new office furniture and equipment be purchased for use at the new location.

Method of Committee Appointments Unchanged

Dr. Richard E. Flood of Weirton, chairman of the Committee on Constitution and By-Laws, submitted a request from the Committee on Maternal Welfare that a change in the by-laws be considered by the Council so as to provide for the appointment of members of the committee for staggered terms, thus making sure that some members serving for a particular year would be members of the committee during the succeeding year.

The consensus of the members of the Council was that it would be highly undesirable to deprive the president of the State Medical Association of his right to select members of standing committees, and the request was ordered laid on the table.

Legislative Committee Reports

The report of the Fact Finding and Legislative Committee, presented by the chairman, Dr. E. Lyle Gage of Bluefield, was received with the understanding that it would be submitted to the House of Delegates at the first session on August 23.

The draft of a bill setting up a Medical Examiner's System in West Virginia, reported to the Council by Dr. Boyd K. Black at the spring meeting held in Charleston on May 13, was approved in principle and the bill ordered returned to Doctor Black for rewriting by his committee in proper legislative form. The committee was requested to resubmit the bill at a future meeting of the Council.

Change in Name of Committee

Dr. J. C. Huffman of Buckhannon, chairman of the UMW Liaison Committee, reported that there had been some confusion due to the use of the word "Advisory" in connection with the work of his committee. At his suggestion, it was ordered that the name of the special committee be changed from "UMW Advisory Committee" to the "UMW Liaison Committee."

New Group Insurance Plan

Dr. Charles A. Hoffman reported that arrangements had been made by the insurance committee with the American Casualty Company for the adoption of a "Business Expense Disability Insurance Plan" for the members of the State Medical Association, and asked Council approval of the program.

The new plan was approved unanimously with the understanding that the entire matter would be presented to the House of Delegates for consideration and action at the second session on August 25.

Disposition of Old Books

The executive secretary reported that there were several sets of books in the library at the headquarters offices which were never used and asked that disposition be made before the new furniture is delivered. It was ordered that all of the books not needed in the library be presented to the library of the West Virginia University School of Medicine.

Junior Academy of Science Award

The Council continued for the 1956-57 school year an award to a member of the Junior Academy of Science for the best paper on a medical subject submitted during the school year.

The meeting was attended by Dr. J. P. McMullen, Wellsburg, Chairman; Dr. Athey R. Lutz, Parkersburg, president; Dr. E. Lyle Gage, Bluefield, first vice president; Dr. Charles A. Hoffman, Huntington, second vice president; Dr. T. M. Barber, Charleston, treasurer; Dr. Russel Kessel, Charleston, member-at-large; Drs. George T. Evans, Fairmont; D. E. Greeneltch, Wheeling; Charles L. Leonard, Elkins; Carl E. Johnson, Morgantown; John F. McCuskey, Clarksburg; J. C. Huffman, Buckhannon; Ray H. Wharton, Parkersburg; Francis L. Coffey, Huntington; Everett H. Starcher, Logan; Russell A. Salton, Williamson; R. R. Summers, Charleston; Philip W. Oden, Ronceverte; and Charles Lively, Charleston, secretary ex officio.

The meeting was also attended by Drs. Walter E. Vest, Huntington, and Frank J. Holroyd, Princeton, AMA Delegates from West Virginia; Dr. Thomas G. Reed, Charleston, AMA Alternate; Mrs. Paul P. Warden, Grafton, President of the Woman's Auxiliary; Dr. N. H. Dyer, Charleston, State Director of Health; Dr. James S. Klumpp, Huntington; Dr. Howard A. Swart, Charleston; Dr. Marvin H. Porterfield, Martinsburg, former member of the Council; Dr. Paul L. McCuskey, Parkersburg; Dr. Richard E. Flood, Weirton; and Dr. Charles E. Watkins, Oak Hill.

Regional GP Meeting Planned For Charleston, Oct. 28

A Symposium on Enzyme Therapy will be the feature of a regional meeting of the West Virginia Chapter of the American Academy of General Practice which will be held in Charleston on Sunday afternoon, October 28.

The meeting will be held in the auditorium of the new Press Club in that city, beginning promptly at 2:30 P. M.

Dr. T. Maxfield Barber of Charleston will serve as moderator of the Symposium, and the two guest speakers on the program will be Dr. Aaron L. Lichtman, clinical professor of surgery at New York Polyclinic Medical School and Hospital, New York City, and Dr. Stanley Spoont of the Hospital of the University of Pennsylvania, Philadelphia.

A new color film, "Clinical Enzymology," will be shown, and a panel discussion with a question and answer period, will follow.

All academy members and physician guests are invited to attend the meeting. There will be no registration fee.

Refreshments will be served following the scientific program.

MLB Licenses 47 Physicians At July Meeting

At the summer meeting of the Medical Licensing Board, held July 16-18, 1956, at the New State Office Building in Charleston, 47 physicians were licensed to practice medicine in West Virginia, 20 by examination and 27 by reciprocity with other states.

The following physicians were licensed by examination:

Argiro, Thomas Robert, Battle Creek, Michigan
Cabrera, John Raymond, Welch
English, John William, Beckley
Ey, Douglas William, Huntington
Jackson, Harry Arden, Charleston
Lantz, Donald Ross, Parkersburg
Nichols, John Marshall, Richmond, Virginia

Pickett, David Lee, Cleveland Ohio
Riley, William Joseph, Richmond, Virginia
Silverman, Howard Ayres, Beckley
Sinclair, William Paige, Wheeling
Solan, George Miley, Moorefield
Stubbs, Bernard Francis, Wheeling

Sulka, Casimir Michael, Weirton
Vega, Louis A., Welch
West, Wilk Otis, Jr., Charleston
Winkler, Charles Pinckney, Richmond, Virginia
Wu, Shih-Doh, Philippi
Yoho, Alan Verl, Atlanta, Georgia
Yoho, Emma Jane, Atlanta, Georgia

The following physicians were licensed by reciprocity:

Adamson, Richard Fred, Beckley
Bean, Harold Richard, Williamson
Brandfass, Robert Taylor, Wheeling
Brody, Arnold Jason, White Sulphur Springs
Busch, Edwin Stanley, Williamson
Colfax, Raymond Eugene, Grantsville
Cummings, Donald Herbert, Pineville

Duncan, Laurence Lee, Morgantown
Elias, Richard Abraham, Charleston
Futterman, Perry, Beckley
Gregory, Ledford Gerald, Beckley
Gregory, Wheeler Russell, St. Marys
Haddad, Emile Jacob, Beckley

Heironimus, Terring W., III, Grafton
Johnson, Norman James, Williamson
Jones, Augustus Benjamin, Jr., Williamson
Levenson, Stanley Melvin, Washington, D. C.
Luscombe, Harold Bradley, Beckley
Martin, Samuel Woods, Beckley
McCampbell, Stanley Reid, Pine Grove

Ormsbee, Roland Baldwin, Elkins
Parish, Carl Denton, Martins Ferry, Ohio
Sadler, William Samuel, Barboursville
Santrock, Paul Richard, Nitro
Scott, Mildred Esther, Morgantown
Shirey, Robert Garland, Union
Todd, John Charles, Charleston

The fall meeting of the Medical Licensing Board will be held at the New State Office Building in Charleston on Monday, October 8, 1956, for the purpose of examining applicants for license to practice in West Virginia.

The only conquests which are permanent, and leave no regrets, are our conquests over ourselves.—Napoleon.

Sections and Societies Elect Officers for 1956-57

New officers were elected by most of the sections and affiliated societies and associations of the West Virginia State Medical Association during the annual meeting at the Greenbrier in White Sulphur Springs, August 23-25, 1956.

Sections

The following is a list of officers of sections who will serve during 1956-57:

W. Va. Acad. of Ophthalmology and Otalaryngology: William F. Beckner, Huntington, President; William F. Shirkey, Charleston, President Elect; Frederick C. Reel, Charleston, Vice President; and William K. Marple, Huntington, Secretary-Treasurer.

Industrial Medicine and Public Health: Guy R. Post, Parkersburg, President; George F. Fordham, Mullens, Vice President; and William H. Riheldaffer, Charleston, Secretary.

Internal Medicine: A. C. Thompson, Elkins, President; and John E. Lenox, Secretary.

Orthopedic Surgery: H. M. Hills, Jr., Charleston, Chairman; George Miyakawa, Charleston, Vice Chairman; and James A. Heckman, Huntington, Secretary-Treasurer.

West Virginia Association of Pathologists: Walter G. J. Putschar, Charleston, President; Boyd K. Black, Parkersburg, President Elect; and David F. Bell, Jr., Bluefield, Secretary-Treasurer. (New officers will assume duties January 1, 1957).

West Virginia Pediatric Society: Marcus E. Farrell, Clarksburg, President; Theresa O. Snaith, Weston, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology: R. W. Powell, Fairmont, President; H. A. Shaffer, Morgantown, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery: Hampton St. Clair, Bluefield, Chairman; and Ben I. Golden, Elkins, Secretary-Treasurer.

Urology: Charles A. Hoffman, Huntington, President; John F. McCuskey, Clarksburg, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

Associations and Societies

Affiliated associations and societies elected officers as follows:

West Virginia Society of Anesthesiologists: John F. Morris, Huntington, President; David A. Haught, Huntington, Vice President; and Eldon B. Tucker, Morgantown, Secretary-Treasurer.

West Virginia Diabetes Association: Halvard Wanger, Shepherdstown, President; A. B. Curry Ellison, Charleston, President Elect; Paul P. Warden, Grafton, Vice President; and J. Paul Aliff, Charleston, Secretary-Treasurer.

West Virginia Ob. and Gyn. Society: George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

Council Cites Statistics to Refute Statements in Magazine Article

The Council of the West Virginia State Medical Association met in special session at the Daniel Boone Hotel in Charleston on Sunday, September 9, 1956.

The meeting was called by the chairman, Dr. J. P. McMullen, of Wellsburg, for the purpose of considering an article by Ira Wolfert appearing in the September issue of the *Reader's Digest* under the title, "The Miners' Fund—A Tribute to Good Management." A group of more than thirty physicians, including members of the Council and the Association's UMW Advisory Committee, as well as UMW Area Medical Administrators and representatives of component societies in Raleigh, Logan and Mingo counties, attended the meeting.

Several editorials and news items from state newspapers, and copies of letters mailed to the *Reader's Digest* by members of the Association were read to the group.

After discussion which lasted over an hour, the Council went on record unanimously as refuting Mr. Wolfert's statement in the article that the "gift of mercies beyond telling" was made . . . to the Kentucky, Virginia and West Virginia hill country "where people were literally dying for lack of medical care; where infant mortality and the death rate for mothers were double the national average."

Folklore Statement Ignored

The Council also voted unanimously to ignore Mr. Wolfert's statement concerning folklore as being too absurd for comment.

The chairman was directed to appoint a committee to prepare a release to the press concerning the attitude of the Council. The following committee was named by Doctor McMullen:

Drs. Walter E. Vest, Frank J. Holroyd, N. H. Dyer, Athey R. Lutz, J. C. Huffman, and Mr. Charles Lively, secretary ex officio.

Later in the afternoon, the committee authorized the release of the following statement, which was agreed to unanimously:

Statement of the Council

The Council of the West Virginia State Medical Association deplores the implication in Mr. Ira Wolfert's article in the September issue of *Reader's Digest*, entitled "The Miners' Fund—A Tribute to Good Management."

The folklore reported in the article is too absurd to warrant an answer, being obviously an effort on the part of the author to stimulate reader interest and produce sensationalism.

In the article, Mr. Wolfert states that the infant and maternal mortality rates in the Appalachian area, of which West Virginia is a part, are twice as great as those of the entire United States.

Infant Mortality Rates

In infant and maternal mortality rates for West Virginia, the South Atlantic states, and the United States, compiled by Dr. N. H. Dyer, State Director of Health, for the period from 1950 to 1955, inclusive, shows that the number of infant deaths decreased from 36.4 for each 1,000 live births in 1950 to 27.1 reported for last year in West Virginia. This compares with the change from 33.7 in 1950 to 31.4 in 1953 in the South Atlantic states, and from 29.2 to 27.8 in the United States for the same period. The figures for 1954 and 1955 for the South Atlantic states and the United States are not presently available.

Maternal Mortality Ratio

The maternal mortality rates in West Virginia dropped from .9 in 1950 to .4 in 1955 in relation to live births during that period.

There were 47 maternal deaths in 1950 to 50,850 live births, and but 16 maternal deaths in 1955 for 44,199 live births. Statistics compiled by Doctor Dyer disclose the fact that the record for the South Atlantic states is higher, while the rate in the United States as a whole at present parallels the trend in West Virginia.

Report of Survey

On May 4-5, 1956, the Committee on Medical Care for Industrial Workers of the AMA Council on Medical Service and Council on Industrial Health made a survey in Mercer, McDowell, Raleigh, Wyoming, and Fayette counties in West Virginia. At the conference held in Charleston on May 6, Dr. Leo Price of New York City, Director of the International Ladies' Garment Workers' Union, made these statements in his official report:

"The medical installations visited make me feel that within the limited observations possible, good hospital service is being provided both by the numerous hospitals visited in this area and the new UMWA Hospital in Beckley. We saw primarily proprietary hospitals which were attractive and whose facilities did not reach the high standards of the others, but the good quality of service did not seem to be affected by these remedial physical imperfections.

"From what we were able to gather concerning the qualifications of the individual physicians and other personnel in the hospitals, it was apparent that the institutions are manned by well-trained, competent staffs. The personal integrity and the zeal and interest of many of the physicians and nurses was pleasantly evident.

"The rates charged must be regarded as fair, and in some instances low, for the good facilities offered patients. The basic charges include many services which I have found charged for as "extras" in other areas. The services given for these low rates may be compared with those of many large centers in metropolitan areas and, perhaps, are far more personalized.

In these hospitals when special qualifications are needed to solve a medical problem, such services are sought elsewhere for the good of the patient.

"To me, coming from a metropolitan area, the different connotation of the word "proprietary" is interesting. To me this has meant an institution operating primarily for profit. I have been happy to learn that this motive was not the primary interest in most of the hospitals visited. It was conveyed to me that patients without sufficient financial resources for care

were admitted and that no barrier was raised to their readmission. The physicians in these communities seem to have filled the gap in providing care to medically indigent patients who normally receive such care through community resources. Because there are no community resources in the area we visited, the proprietary hospitals provide this care."

The meeting was attended by Dr. J. P. McMullen, Wellsburg, chairman; Dr. Athey R. Lutz, Parkersburg, president of the State Medical Association; Dr. E. L. Gage, Bluefield, first vice president; Dr. T. Maxfield Barber, Charleston, Treasurer; Dr. Russel Kessel, Charleston, councillor-at-large; and Drs. D. E. Greeneltch, Wheeling; Ray H. Wharton, Parkersburg; Russell A. Salton, Williamson; E. H. Starcher, Logan; N. H. Dyer, Charleston; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Walter E. Vest, Huntington; and Francis L. Coffey, Huntington; and William H. Lively, assistant executive secretary, and Charles Lively, secretary ex officio.

The meeting was also attended by Dr. J. C. Huffman, Buckhannon, chairman of the UMW Liaison Committee, and Drs. Richard E. Flood, Weirton, D. A. MacGregor, Wheeling, Theodore P. Mantz, Charleston, W. Fred Richmond, Beckley, and Charles E. Watkins, Oak Hill, members.

Drs. John W. Whitlock, C. W. Merritt, Paul E. Vaughan, W. H. Rardin, M. M. Ralsten, Julian R. Lewin, and H. S. Edwards, all of Beckley, were present, representing the Raleigh County Medical Society. Dr. D. W. Mullins and Dr. Mark S. Spurlock, both of Logan, were present from the Logan County Medical Society, and Dr. L. J. Pace of Princeton from the Mercer County Medical Society.

Dr. Deane F. Brooke of Beckley and Dr. William H. Riheldaffer of Charleston, UMW Area Medical Administrators, also attended the meeting at the invitation of the chairman.

Doctors in the Service

Lieut. E. Lowell Berry, (MC), USNR, of Montcoal, who has been on active duty at the Boston Naval Shipyard dispensary for the past two years, with the rank of Lieutenant, received his honorable discharge on August 30, and has accepted appointment as chief of the Division of Industrial Health of the Allegheny County Department of Health, and as physician to the Psychological Service of Pittsburgh.

In addition, he is lecturer in occupational medicine at the University of Pittsburgh Graduate School of Public Health.

Congress on Industrial Health

The AMA Council on Industrial Health has announced that the 1957 Congress on Industrial Health will be held at the Biltmore Hotel in Los Angeles, California, February 3-6.

The four-day meeting will feature technical sessions on such subjects as industrial vision, management of burns, pesticides and herbicides, and hearing loss due to noise.

Mrs. James E. Spargo of Wheeling New Auxiliary President

Mrs. James E. Spargo of Wheeling was installed as president of the Woman's Auxiliary to the West Virginia State Medical Association at the 32nd annual meeting at the Greenbrier in White Sulphur Springs, August 23-25, 1956. She succeeds Mrs. Paul P. Warden of Grafton and will serve through the annual meeting at White Sulphur in August, 1957. The Auxiliary meeting was held conjointly with the 89th annual meeting of the West Virginia State Medical Association.

Mrs. J. E. Spargo

Mrs. Spargo and the other elective officers of the Auxiliary were installed at the session on Friday morning, August 24 by Mrs. Mason G. Lawson of Little Rock, Arkansas, immediate past president of the Woman's Auxiliary to the American Medical Association. Mrs. Spargo's inaugural address was delivered at that session.

Mrs. John J. O'Connell of St. Louis, Missouri, president of the Woman's Auxiliary to the Southern Medical Association, was a guest speaker on August 24.

Officers for 1956-57

The following is a complete list of officers who will serve with Mrs. Spargo during 1956-57:

President elect, Mrs. J. C. Huffman, Buckhannon; first vice president, Mrs. Julian R. Lewin, Beckley; second vice president, Mrs. Charles L. Leonard, Elkins; third vice president, Mrs. George T. Evans, Fairmont; fourth vice president, Mrs. William A. Thornhill, Jr., Charleston; treasurer, Mrs. R. R. Pittman, Marlinton; recording secretary, Mrs. C. Stafford Clay, Huntington; corresponding secretary, Mrs. Chesterfield J. Holley, Bridgeport, Ohio; and parliamentarian, Mrs. Charles L. Goodhand, Parkersburg.

The new president has named the following chairmen of committees to serve during her term of office:

Standing Committees

Archives, Mrs. J. Paul Aliff, Charleston; Finance, Mrs. H. E. Beard, Huntington; Historian, Mrs. John F. McCuskey, Clarksburg; Legislation, Mrs. Charles E. Staats, Charleston; National Bulletin, Mrs. Charles F. Dent, Morgantown; Organization, Mrs. J. C. Huffman, Buckhannon; Press and Publicity, Mrs. F. J. Gaydosh, Wheeling; Program, Mrs. J. M. Scott, Madison; Public Relations, Mrs. B. W. McNeer, Hinton, and Mrs. C. G. Powers, Martinsburg; Revisions, Mrs. Ross P. Daniel, Beckley; Southern Medical Councillor, Mrs. W. Dewey Bourn, Barboursville; Speakers Bureau, Mrs. C. Kermit Dilley, Marlinton; Editor, State News Bulletin, Mrs. George L. Armbrecht, Wheeling; Today's Health, Mrs. C. G. Maloney, Pt. Pleasant; Member-at-Large, Mrs. M. A. Viggiano, New Martinsville; and American Medical Education Foundation, Mrs. W. V. Wilkerson, Whitesville.

Special Committees

Convention, Mrs. Howard G. Weiler, Wheeling, and assistant, Mrs. Earl S. Phillips, Wheeling; Civil Defense, Mrs. E. E. Clubb, Weirton; Necrology, Mrs. Clark K. Sleeth, Morgantown; Nurse Recruitment, Mrs. Richard A. Rose, Weirton, assistant, Mrs. G. A. Shawkey, Charleston; Safety, Mrs. W. E. Ackermann, Jr., Wheeling; Mental Health, Mrs. Donald S. Benson, Moundsville; Circulation Manager, State News Bulletin, Mrs. Robert M. Sonneborn, Wheeling; and Nutrition, Mrs. Ronald E. Crissey, Huntington.

Past Presidents on Executive Board

The following past presidents of the Auxiliary will serve as members of the Executive Board: Mrs. J. Preston Lilly of Charleston, and Mrs. Paul P. Warden of Grafton.

New President Native of Wheeling

Mrs. Spargo was born in Wheeling and has always taken an active interest in the civic affairs of her community. She attended West Virginia University and was a member of Alpha Delta Pi Sorority. She has served as Province President of the Sorority since 1953.

She has served as a member of the executive board of the Auxiliary, and as first and third vice president, program chairman and nurse recruitment chairman. She was named president elect at the annual meeting in 1955. She was president of the Ohio County Auxiliary, 1949-50.

She is a member of the Civic League of Warwood, Warwood PTA, Oriental Shrine, Daughters of the Nile, Wheeling Symphony Auxiliary, YWCA, Wheeling Area Conference on Community Development and Wheeling College Guild.

Mrs. Spargo is also a member of the Sixth Guild of the Wheeling Hospital and was president of all the Guilds, 1946-47. She is a member of the Sandlewood Twig of the Ohio Valley General Hospital.

She was married to Dr. James E. Spargo of Wheeling in 1936, and they are the parents of a son, James E. Spargo, Jr., at home.

Auxiliary A Going Concern

In her inaugural address, the new president likened a medical auxiliary to an office, where the staff turns out every little job each day from nine 'til five and where the machinery grinds out products with regularity.

"A Medical Auxiliary deals with people—wives of doctors—a very important product," she said. "It is a big and going business. We must take a "new look" so that we will grow and keep pace with the changing times.

"One new look this year will be the addition of safety to our program. Safety pertaining to all phases of life, such as safety in the home, safety of pedestrians, and safety in driving.

"In Health Careers, 'Recruitment' will be the word. The National Auxiliary has asked us to consider, along with medicine and nursing, medical technologists, medical social workers, occupational therapists and physical therapists."

Mrs. Spargo urged all the members of the Auxiliary to familiarize themselves with the provisions of the second Hoover Committee report. She cautioned against taking voting registration for granted, suggesting that

Nine past presidents and two guests of the Woman's Auxiliary to the West Virginia State Medical Association gathered at the Past President's Breakfast during the annual meeting at the Greenbrier. Left to right, Mrs. Paul P. Warden, Mrs. E. H. Starcher, Mrs. Seigle W. Parks, Mrs. V. Eugene Holcombe, Mrs. Mason G. Lawson, immediate past president of the Woman's Auxiliary to the American Medical Association, Mrs. J. Preston Lilly, Mrs. John J. O'Connell, president of the Woman's Auxiliary to the Southern Medical Association, Mrs. Ross P. Daniel, Mrs. Sobisca S. Hall, Mrs. Charles L. Goodhand, and Mrs. D. E. Greenetch.

everybody make sure that she is registered, so that she may cast her vote at the general election in November.

Continuing, the speaker said that "effective training of our members to promote AMEF, to participate in Civil Defense, increase the circulation of "Today's Health," and make use of the Speaker's Bureau will build up the self-assurance needed to enable each and every one to educate others.

Giving Through Service

"There can be no holdouts. Each one of us must go 'all out' every day. We must have enthusiasm. The more we give, the more we will grow. To give, I do not mean monetarily. Each one of us can give to our own local communities by serving as officers and as members of committees of the various organizations.

"We must engage in activities. Whether it be in Woman's Clubs, PTA or bridge clubs. By having auxiliary members in various groups, we can promote many of our projects. Whatever we do to help the community and participate in its needs will apply to the prestige and good reputation of our own homes as well as the Auxiliary.

"Enthusiasm is a key to building our membership. No sale was ever made by an apology. We must interest wives of interns and residents as well as the wives of doctors who have not yet joined our organization.

Auxiliary Meant for Service

"The Auxiliary is meant to serve you and you to serve it. There is always a need for someone to take up where another has left off, and I hope each of you here today will serve your local auxiliary in every way possible.

"Our home is our cathedral. The beauty and purpose of that home lies within the heart of each of us sitting here in Convention today. May we carry back to our homes the inspiration and faith, the pride in all that is ours as a doctor's wife so that we may inspire other members to new heights of service and a greater realization of the true purposes the auxiliary must serve."

PR of Auxiliary Membership

Mrs. Spargo said that the president of the Woman's Auxiliary to the American Medical Association has chosen the theme, "Health is Our Greatest Heritage" and that the theme in West Virginia will be "PR of Auxiliary Membership." "To the politician," she said, "PR means proportional representation, whereas in the Auxiliary it means public relations, but the PR upon which the Auxiliary's very existence rides is privilege and responsibility."

Developing the theme, she said that "you are privileged to become a member of the Auxiliary because you are the wife of a doctor. Through the auxiliary an individual is given the opportunity and responsibility to assist the medical profession in its program for the advancement of medicine and public health; cultivate friendly relations; promote understanding among families of physicians; and serve as liaison between the medical society and the public in the community.

Retiring President Lauded

Concluding her address, Mrs. Spargo paid tribute to the retiring president, Mrs. Paul P. Warden, whom she said was "always serving me, and whose loyalty and friendship together with hours of time and sharing of experience have helped me to be the better prepared to assume my new responsibility.

"My privilege to be your state president," she said, "was given to me through my husband-doctor and through your confidence, but my responsibility is the year ahead. It will be a year of challenge. The opportunity is there with no holds barred, and the county presidents, the other officers and the members of the Auxiliary will be a winning team."

Mrs. Warden's Valedictory

In her valedictory as president of the Auxiliary, Mrs. Paul P. Warden, reminded the members that the state theme, "Better Health Thru Knowledge and Cooperation" had been their directive during the past year. "We have considered it our first duty," she said, "to be truly an Auxiliary, a source of assistance to the

Mrs. James E. Spargo of Wheeling, left, president of the Woman's Auxiliary to the West Virginia State Medical Association, discusses plans for the coming year with Mrs. J. C. Huffman of Buckhannon, the president elect.

In the other picture, Mrs. Paul P. Warden of Grafton, left, immediate past president of the state Auxiliary, is shown with Mrs. Mason G. Lawson of Little Rock, Arkansas, immediate past president of the Woman's Auxiliary to the American Medical Association.

West Virginia State Medical Association. We hope we have done much to help to bring better health to the people of West Virginia."

She reported that 18 of the 22 county auxiliaries had contributed $1301.84 to the AMEF, the Cabell Auxiliary heading the list with contributions totaling $300.00. She said that numerous methods of fund raising were used, but that the sale of Christmas and Memorial cards was the most successful.

She reported that copies of "Today's Health," under the committee headed by Mrs. R. R. Pittman of Marlinton have been placed in schools, beauty parlors, public buildings and hospitals. Eleven of the local auxiliaries reached from 100 to 300 per cent of their subscription quotes. She said that, as a state, the Auxiliary had reached 101 per cent of its quota.

Mrs. Warden reported that 19 of the county auxiliaries have Bulletin chairmen. There are now 214 subscribers in West Virginia, the Auxiliary to the Potomac Valley Medical Society heading the list with a 100 per cent enrollment of its members.

In closing, she said that the Auxiliary now has a total paid-up membership of 1074 members in its 25 local auxiliaries.

Charter Presented to Mason Auxiliary

At the session on Friday morning, the charter of the newly organized Auxiliary to the Mason County Medical Society was presented to Mrs. Calvin G. Maloney, representing her group. In making the presentation of the charter, Mrs. Spargo said that, with the organization of the Auxiliary in Mason County, only one county remains unorganized in West Virginia.

Mrs. James E. Spargo, left, Auxiliary president, congratulates Mrs. Calvin G. Maloney of Point Pleasant, representing the Woman's Auxiliary to the Mason County Medical Society. The Mason Auxiliary was the 25th group to be chartered by the State Auxiliary.

Advisory Board

Dr. E. L. Gage of Bluefield, president elect of the West Virginia State Medical Association, has named the following Advisory Board to the Woman's Auxiliary:

Dr. Earl S. Phillips, Wheeling, Chairman; and Drs. C. Kermit Dilley, Marlinton, F. G. Gaydosh, Wheeling, Carl B. Hall, Charleston, and J. E. Spargo, Wheeling.

Medico-Legal Problems Aired Before Symposium at the Greenbrier

The whole Medico-Legal field was explored by representatives of the two professions at a symposium at the Greenbrier in White Sulphur Springs on August 22, 1956.

The meeting, sponsored by the West Virginia State Medical Association, was held under the auspices of the public relations committee, with the chairman, Dr. William L. Cooke of Charleston, as moderator.

Walter E. Vest, M. D.

Two papers were presented, one by former Governor Homer A. Holt of Charleston and the other by Dr. Walter E. Vest of Huntington. Doctor Vest's paper is being reproduced in full in this issue of the *Journal*.

At the beginning of his remarks, Governor Holt complimented Doctor Vest upon his comprehensive presentation, saying that there was little occasion for him to undertake to expand upon the subject.

He thanked Doctor Vest for his reference to the profesion of law as being in the category, with medicine and the ministry, of all humanitarian services.

Professions Conservative

"Sometimes," he said "I think that our professions have been somewhat conservative in presenting in the correct light our proper place in the daily operations of our society. In the matter of public relations, the medical profession undoubtedly has done a much better job than the legal profession."

Continuing, he said that "the administration of justice" is one of the most basic, as well as most important, functions of government. But in reality the government does not administer justice. The government sets up the facilities and procedures for administering justice, and then the citizens must, through such facilities and following such procedures, do the administering.

"There are today various administrative agencies, such as the Workmen's Compensation Fund, which assist in the administration of justice, but as the most representative of the principles involved, my references will be to our courts.

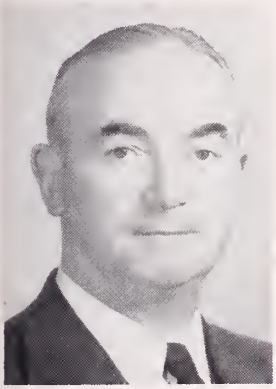
Physician Witnesses

"For their proper functioning, our courts require a judge, and usually a jury, witnesses, and lawyers. It is here that the professional responsibilities of physicians and lawyers most frequently commingle, the physician as a witness for one of the parties, plaintiff or defendant, and the lawyer likewise as the attorney or advocate for either the plaintiff or the defendant.

"Basically, our trial procedure is an adversary proceeding. That means that the lawyer is expected to

present his clients case in the best possible light, and that includes not only the most convincing presentation of the facts which would support his client's position but also the lawyer's best efforts to destroy or depreciate the case as presented by the opposing side. So, the physician witness may be examined by the attorney for the party in whose behalf he has been summoned and also examined, or cross-examined, by the attorney for the opposing party."

Governor Holt said that "physicians ordinarily testify in three capacities, i.e., as the attending physician, meaning the physician who had undertaken the treatment of the person; as an examining physician, meaning one who has not undertaken the treatment of the person, but who, for the very purpose of serving as a witness, has made an examination and testifies with reference to the results of such an examination; and the expert witness who has not examined, but who answers hypothetical questions predicated upon the testimony of other witnesses."



Homer A. Holt

'Generally speaking," he said, "the association of physicians and lawyers in the administration of justice in West Virginia has been most pleasant and satisfactory in all respects, though at times, due principally to the personalities involved and the very nature of the trial procedure, some irritations and occasionally some improprieties do develop.

"Lawyers are aware that at times some physicians may be irritated by their participation in legal proceedings, principally for three reasons:

> "First, the lawyers do not always conserve to the maximum the physician's valuable time;
>
> "Secondly, occasionally the physicians feel that their examinations as witnesses by adversary attorneys are unnecessarily severe or reflect upon the capability or credibility of the physicians; and,
>
> "Third, lawyers are sometimes indifferent about assisting the physician in receiving such payment as, in keeping with public policy, the physician is entitled to receive, especially when the physician has devoted appreciable time to his preparation for testifying, as distinguished from his simple attendance upon the court."

Code of Professional Ethics

Quoting Section 18 of the Code of Professional Ethics of the West Virginia State Bar, which provides that, among other things, "a lawyer should always treat adverse witnesses and suitors with fairness and due consideration," the speaker said that this occasionally introduces the personal question. "Sometimes in his zeal for his client's cause," he said, "the lawyer oversteps; sometimes the testifying physician, especially when his testimony severly conflicts with the testimony of other physicians may invite severe cross-examination."

Compensation for Physician Witnesses

Concerning compensation for physician witnesses, Governor Holt said that it seems to be, and properly is contrary to public policy that witnesses of any character require compensation other than the relatively nominal compensation provided for by statute for simply testifying to facts about which they already have knowledge. "This does not mean," he said, "that one who is asked to serve as an examining physician or as an expert, may not by agreement arrange for compensation appropriate for the making of the examination, the studying of the case, and, I should think, also a reasonable amount for the time required in attending court."

Committee on Professional Code

The speaker discussed the work of the Joint Committee on Professional Code, which is drafting a code to be submitted for approval to both professional groups. "It is my belief," he said, "that the work of the committee will improve the relationship between the physician and the lawyer, good as it is today, and will contribute to the improvement of the administration of justice by refreshing the minds of all on the matter of their respective responsibilities, thereby reducing carelessness and eliminating indifference and promoting closer adherence to the highest professional standards."

The program as presented at White Sulphur was such a marked success that the West Virginia State Bar now has under consideration a "repeat performance" by the speakers and panel at the annual meeting in Parkersburg in October.

Dr. Dan Barber Elected President Of WVU Medical Alumni

Dr. Dan N. Barber of Charleston was elected president of the Alumni Association of West Virginia University School of Medicine at the annual meeting held in White Sulphur Springs on August 24. He succeeds Dr. George T. Evans of Fairmont, who becomes chairman of the council.

Dr. John F. McCuskey of Clarksburg, was named vice president and Dr. Clark K. Sleeth of Morgantown was reelected secretary-treasurer. Dr. J. Brown of Craigsville was elected a member of the executive council. The hold-over members are Drs. E. Dwight Staats of Ripley and L. R. Leeson of Parkersburg.

Chance to Renew Friendships

A major pleasure at medical meetings is the chance to see old friends. We can hear of medical progress, or present a paper, or relax, but the best chance of all is to renew friendships . . . . There is always the sadness of saying goodbye again, especially if it seems probable that one may not cross paths soon, or possibly ever . . . . Lest this sentimentality become too depressing we can quote Dizzy Dean, the baseball announcer, anent a return to one's home,—"It looks like a hit, folks. Nope, it's just a long foul. Well, there go the runners back to their respectable bases!"—Arizona Medicine.

NNP Section Plans Meeting At Spencer, Oct. 27

The Section on Neurology, Neurosurgery and Psychiatry of the West Virginia State Medical Association will hold its fall scientific meeting at Spencer on Saturday, October 27. The session will be held at Spencer State Hospital.

Dr. Hiram W. Davis of Huntington, the president, announced that the scientific program will begin at 1:30 P. M. The speakers will be Dr. James B. Craig, Associate Professor of Psychiatry at Ohio State University College of Medicine, who will present a paper dealing with psychiatry, and Dr. E. Lyle Gage of Bluefield, who will speak on a subject related to neurology and neurosurgery.

A social hour and dinner will follow the scientific session. Dr. Isaac East, superintendent of Spencer State Hospital, will be the host.

Substitution of AMA Publication for JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Ophthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

Medical Meetings, 1956

The following is a partial list of national, state and district medical meetings scheduled during the remainder of 1956:

Oct. 4—Rural Health Conf., Jackson's Mill.
Oct. 8—Medical Licensing Board, Charleston.
Oct. 8-12—Am. Soc. Anesthesiologists, Kansas City.
Oct. 8-12—ACS, San Francisco.
Oct. 9-14—World Med. Assn., Havana, Cuba.
Oct. 14-17—Med. Soc. of Virginia, Roanoke.
Oct. 14-19—Am. Acad. Oph. & Otol., Chicago.
Oct. 18-20—Am. Coll. Gastroenterology, New York City.
Oct. 22-25—Interstate Postgraduate Med. Assn., Cleveland.
Oct. 26-31—Am. Heart Assn., Cincinnati.
Oct. 28-31—Nat. Soc. Crippled Children and Adults, Washington, D. C.
Oct. 29-30—Am. Cancer Soc., New York City.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 12-16—Am. PH Assn., Atlantic City.
Nov. 27-30—AMA Clinical Session, Seattle.

Dr. Joseph T. Mallamo Winner of Golf Tournament

Dr. Joseph T. Mallamo of Fairmont became the third two-time winner of the medical golf tournament held in connection with the annual meetings of the State Medical Association at the Greenbrier. Doctor Mallamo turned in an impressive 69 over the 18-hole course to win this year's tournament at the 89th annual meeting.

He joins Dr. Charles E. Watkins of Oak Hill and Dr. R. R. Summers of Charleston in the select "two" circle. Drs. Mallamo, Watkins and Summers now have two legs each on the championship trophy offered by the Kloman Instrument Company of Charleston.

These three physicians will have an opportunity at next year's convention to retire the championship cup permanently. The physician who wins the tournament three times becomes sole owner of the trophy. Only one other physician has a leg on the trophy, Dr. Everett B. Wray of Beckley.

Doctor Watkins had the second low gross score, followed closely by Doctor Summers. Both had scores in the low seventies.

Among the other winners in the tournament were:

Low net, Dr. Max Koenigsberg, Charleston; second low net, Dr. J. C. Huffman, Buckhannon; oldest golfer, Dr. C. J. Carter, Fairmont; youngest golfer, Dr. Joe E. McCary, Princeton; and, high gross, Dr. Eldon H. Pertz, Weston.

In the senior tournament, Dr. J. P. McMullen of Wellsburg turned in the low gross score, and Dr. W. G. Moran, Jr., of Cranberry won low net. The prize for the best golf costume was won by Dr. John I. Markell of Princeton.

All the winners in the tournament received useful prizes contributed by various pharmaceutical and supply houses. The prizes were on display in the main lobby of the Greenbrier during the meeting.

In the tournament for exhibitors, Mr. William A. McCue, secretary, Blue Cross-Blue Shield Plans at Bluefield, won the prize for low gross. Mr. Robert J. Porter, representative of Baker Laboratories, Cleveland, Ohio, won low net, and Mr. C. W. Mathias, another Baker representative, turned in the lowest number of putts.

Chairman of this year's golf tournament was Dr. Everett B. Wray of Beckley. Other members of the golf committee were Drs. Robert Fankhauser of Parkersburg and J. F. Lehman of Kingwood.

Auto Emblems Available

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

Relocations

Dr. Joseph F. Kelley, formerly of Welch, is now located for the practice of his specialty of obstetrics and gynecology in Albuquerque, New Mexico. His address there is Suite 23, Medical Arts Square, NE.

* * * *

Dr. S. H. Burton of Weston, who retired several months ago from the practice of his specialty of ophthalmology and otolaryngology, has moved to Staunton, Virginia. His address there is 228 Thornrose Avenue.

* * * *

Dr. John J. Madonna, a member of the staff of Grace Hospital in Welch, has moved to Allentown, Pennsylvania, where he will continue the practice of his specialty of surgery. His home address is Wescoesville, Pennsylvania.

* * * *

Dr. George E. McCarty of New Haven has moved to Parkersburg, where he will continue in general practice. He has offices at 920 Market Street.

* * * *

Dr. Charles T. Lively of Charleston, who has just completed a one-year residency in medicine at Worcester City Hospital in Worcester, Massachusetts, has located at Weston, where he will engage in general practice. He has offices at 219 Center Avenue.

* * * *

Dr. Dorsey C. Beall of Gratton has completed a postgraduate course in dermatology and located in Morgantown for the practice of his specialty. He has offices at 265 High Street.

* * * *

Dr. Ray Miller Kessel of Ripley has completed his internship at Jefferson Medical College Hospital in Philadelphia and has located for general practice in Logan.

* * * *

Dr. Alberto Adam, assistant professor of surgery at the University of Puerto Rico School of Medicine in San Juan, has located in Charleston, where he is associated with Dr. James H. Walker in the practice of his specialty of thoracic and cardiac surgery. They have offices at 1123 Virginia Street, East.

* * * *

Dr. John O. Minier of Delbarton is taking a postgraduate course in ophthalmology at the University of Illinois College of Medicine. His present address is 354 South Street, Elmhurst, Illinois.

* * * *

Dr. Richard C. Neale of Bluefield, clinical pathologist at Bluefield Sanitarium, has moved to Tampa, Florida, where he will be associate pathologist at the Tampa Municipal Hospital. His new address is 124 Baltic Circle, Davis Island, Tampa.

* * * *

Dr. Theodore E. Richards of Bridgeport has moved to North Lewisburg, Ohio, where he will continue in general practice. He has transferred his membership from the Harrison County Medical Society to the Champaign County (Ohio) Medical Society.

Rural Health Committee Completes Plans for Conference

Plans for the ninth annual Rural Health Conference at Jackson's Mill, October 4, have been completed as this issue of the *Journal* goes to press. The conference is sponsored annually by the West Virginia State Medical Association.

Cooperating with the State Medical Association in developing the program are the West Virginia Farm Bureau, the Agricultural Extension Division of West Virginia University, the West Virginia Congress of Agriculture, the West Virginia Home Demonstration Council, and the State Department of Health.

Dr. J. C. Arnett of Rowlesburg, chairman of the State Medical Association's Rural Health Committee, previously announced that Dr. F. S. Crockett of Lafayette, Indiana, and Mr. Aubrey D. Gates of Little Rock, Arkansas, chairman and field director, respectively, of the AMA Council on Rural Health, will be the featured speakers at the conference.

The meeting will be called to order promptly at ten o'clock, and will close at four o'clock in order to enable those present to return home that evening.

Four workshops are scheduled for the morning session, with a leader, recorder and resource representative of the medical profession participating.

The subjects for consideration at the workshops are as follows:

YOUTH: "How Can We as a Group Contribute to Rural Health?"

PHYSICIANS: "The Role of the Family Physician in Rural Health."

PUBLIC HEALTH: "The Role of Public Health in Rural Health Services."

HOSPITAL AND NURSING CARE FACILITIES.

A luncheon for those attending the conference will be held in the Mt. Vernon Dining Room following the morning session. The State Medical Association will be the host.

Dr. Athey R. Lutz of Parkersburg, president of the State Medical Association, will deliver a short address of welcome at the opening of the afternoon session. Doctor Crockett and Mr. Gates will follow Doctor Lutz on the program. The afternoon program will end with a panel discussion, with Mr. Gates as moderator. There will be full audience participation.

Invitations to the conference have been extended to the members of all participating groups.

Long observation has proved that bed rest, collapse of the lung, and chemotherapy, wisely used, help to reduce the mortality rate and to restore the majority of tuberculous patients to a state of apparent health. Nevertheless, the pathologic evidence is overwhelming that the disease commonly remains in a suppressed unhealed state even in persons who present the picture of health.—E. M. Medlar, M. D., as quoted in Tuberculosis Abstracts.

W. Va. TB and Health Association Names New Officers

Mr. Oscar Andre of Clarksburg was named president of the West Virginia Tuberculosis and Health Association for 1956-57 at the 36th annual meeting held in Beckley, September 13-14. Other officers include Ralph H. Nestmann, M. D., of Charleston, vice president; Mrs. L. J. Miller of Wheeling, secretary; and Mr. Robert C. Hawkins of Charleston, treasurer. Mr. Thomas A. Deveny, Jr., of Charleston, is the executive director.

In addition to the officers, the Executive Committee will be composed of Mrs. C. B. Allman of Moundsville, George F. Evans, M. D., of Clarksburg, Mr. Allison Frum of Fairmont, Mr. Herman E. Kirchner of Bluefield, and Mrs. W. H. Level of Oak Hill.

The following directors-at-large were named for a two-year term ending September, 1958:

Mrs. C. B. Allman, Moundsville; Oscar Andre, Clarksburg, Robert C. Hawkins, Charleston; Herman E. Kirchner, Bluefield, Ralph H. Nestmann, M. D., Charleston; Mrs. Vernon Johnson, Berkeley Springs; F. N. McCamic, Wellsburg; Leo H. Mynes, M. D., and Haven M. Perkins, Charleston; and Walter E. Vest, M. D., Huntington.

The following representative directors were named for a one-year term ending in September, 1957:

E. E. Barnett, Philippi; A. T. Wilks, Huntington; Mrs. W. O. Umstead, Grantsville; Lawrence O'Brien, Glen Ferris; Ezra Goyings, Ronceverte; Mrs. Leon Albert, Weirton; George F. Evans, M. D., Clarksburg; Mrs. Jo N. Kenna, Charleston; S. J. Stover, Holden; Mrs. W. Fred Kisner, Fairmont; James J. Hall, Pt Pleasant; Samuel L. Laufer, Princeton; Mrs. L. J. Miller, Wheeling; Mrs. Wilbur Riffle, Winfield; Deane F. Brooke, M. D., Beckley; Mrs. Ray Hill, Elkins; Mrs. M. J. Ferguson, Wayne; and Mrs. Viola Wagner, Parkersburg.

The terms of the following hold-over directors will expire in September, 1957:

William P. Bittinger, M. D., Summerlee; William L. Cooke, M. D., Charleston; Allison B. Frum, Fairmont; Rev. W. R. Houck, Charleston; John T. Jennings, Parkersburg; Mrs. W. H. Level, Oak Hill; G. R. Maxwell, M. D., Morgantown; Roy Milliron, Beckley; Karl J. Myers, M. D., Philippi; and Mrs. E. D. Rothrock, Weirton.

Number One Health Problem

The Number One American health problem is chronic disease. There are 5,500,000 chronically ill people in the United States. . . . Longevity is given some of the blame. Failure to use methods of preventive medicine, particularly mass diagnosis, is also responsible. . . . The greatest load of blame is placed on the physicians who use new therapy only after a long lag-period. . . . The National Health Forum hopes to work on all of the angles with greater intensity. It is estimated that 2,000,000 of the chronically diseased could be returned to employment.—Arizona Medicine.

WMA 'The International Voice Of Organized Medicine'

The World Medical Association has become a strong factor in protecting and promoting the professional interests of the medical profession and the cause of world peace.

Now in its ninth year, W.M.A. is a federation of the most representative national medical association in each of 52 nations. These member organizations represent more than 700,000 physicians. The American Medical Association is a leading member of The World Medical Association.

Doctors of medicine the world over cherish the same basic ideals of conduct and the same devotion to the welfare of mankind. The World Medical Association is cultivating the common purposes of the profession.

Already, by solid accomplishments, The World Medical Association has earned the right to call itself "the international voice of organized medicine". Thanks largely to the United States Committee and similar supporting committees of physicians in other leading nations, W.M.A. has a well-tried constitutional structure, a small but efficient secretariat, and a tri-lingual journal whose world-wide influence and value to the profession is rapidly growing. The permanent office of the secretariat—which serves both the Association and the United States Committee—is located in the United States.

The membership of the United States Committee has been growing slowly but steadily. In 1955, the Committee reached its first important milestone of growth: a membership of 5,000 American physicians.

Every individual physician in the U. S. A. is eligible for membership in the United States Committee. Annual membership dues are $10.00. The dues for Patron Members are $100.00 or more. Many of our members regularly make contributions to the U. S. Committee, in addition to their annual dues. All such contributions to the United States Committee of The World Medical Association are tax deductible.

Remittances should be made to Dr. L. H. Bauer, Secretary-Treasurer, 10 Columbus Circle, New York 19, New York.

Dr. Hampton St. Clair Heads 1957 Program Committee

Dr. W. H. St. Clair, Jr., of Bluefield, has been named chairman of the program committee for the 90th annual meeting of the West Virginia State Medical Association, which will be held at the Greenbrier in White Sulphur Springs, August 22-24, 1957.

The other two members of the committee are Dr. S. W. Parks of Fairmont, and Dr. W. A. Thornhill, Jr., of Charleston.

The appointments were made early in September by the president elect, Dr. E. Lyle Gage of Bluefield.

A RESEARCH MILESTONE

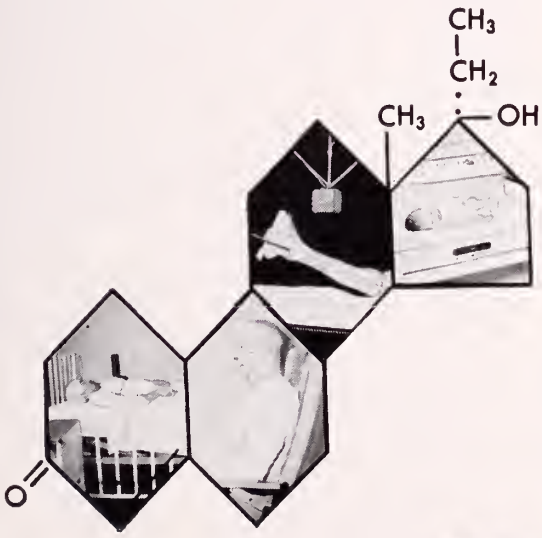
Nilevar*

(BRAND OF NORETHANDROLONE)

Searle's New and Practical Steroid Specifically for Protein Anabolism—

It has long been recognized that a substance which would promote protein anabolism would be of inestimable value in therapy. The androgens have this property, but unfortunately they also exert actions on secondary sex characteristics. These effects are commonly undesirable in therapeutic programs.

THE FIRST STEROID WITH ANABOLIC SPECIFICITY—Nilevar, the newest Searle Research development, therefore, meets a long desired clinical need because Nilevar presents the first steroid primarily anabolic for protein synthesis. Moreover, Nilevar is without prominent androgenic effects (only about one-sixteenth of that exerted by the androgens).



OBJECTIVE AND SUBJECTIVE RESPONSE—Orally effective, Nilevar therapy is characterized by retention of nitrogen, potassium, phosphorus and other electrolytes in ratios indicative of protein anabolism. Moreover, subjectively the patient observes an increase in appetite and sense of well-being.

WELL TOLERATED—Nilevar has an extremely low toxicity. Laboratory animals fail to show toxic effects after six months of continuous administration of high dosages. Nilevar should not be administered to patients with prostatic carcinoma. Nausea or edema may be encountered infrequently. Slight androgenicity may be evidenced on high dosage or in particularly responsive individuals.

MAJOR INDICATIONS—Preparation for and recovery from surgery; supportive treatment of serious illnesses (pneumonia, poliomyelitis, carcinomatosis, tuberculosis); recovery from severe trauma and burns; decubitus ulcers; care of premature infants.

DOSAGE—The daily *adult* dose is three to five Nilevar tablets (30 to 50 mg.) but up to 100 mg. may be administered. For *children* the average daily dose is 1 to 1.5 mg. per kilogram of body weight; individual dosages depend on need and response to therapy.

SUPPLY—Nilevar is available in uncoated, unscored tablets of 10 mg. G. D. Searle & Co., Research in the Service of Medicine.

*Trademark of G. D. Searle & Co.

SEARLE

The Month in Washington

REGARDLESS OF which party organizes the next Congress or who occupies the White House, health and welfare legislation promises to take up considerable time and attention of lawmakers. There is nothing to indicate that the general subject of health has lost its appeal either to the public in general or to men who run for political office in particular.

The national platforms on which the candidates of both parties have been campaigning are somewhat of a blueprint for the type of legislation to come in the 85th Congress, convening next January 3. Generally, both parties advocate more, rather than less, federal participation in health and welfare programs. Here are some of the points in the two platforms:

Aid to Medical Schools

The Republicans recommend "federal assistance to help build facilities to train more physicians and scientists" as a supplement to action of the 84th Congress authorizing federal grants to schools and other groups for laboratory research facilities. The Democrats state: "We pledge ourselves to initiate programs of federal financial aid, without federal controls, for medical education."

Aid to Hospital Construction

The Republican plank: "Republican leadership has enlarged federal assistance for construction of hospitals." The Democratic plank: "We pledge continuing and increased support for hospital construction programs."

Medical Research

Republicans: "We have asked the largest increase in research funds ever sought in one year to intensify attacks on cancer, mental illness, heart diseases and other dread diseases." Democrats: "We shall continue to support vigorously all efforts, both public and private, to wage relentless war on diseases . . . We commend the Democratic party for its leadership in obtaining greater Congressional authorizations in this field."

Vocational Rehabilitation

Republicans: "We have fully resolved to continue our steady gains in man's unending struggle against disease and disability." Democrats: "We pledge support to a vastly expanded rehabilitation program for these physically handicapped, including increased aid to states."

Medical Care

Republicans: "We have encouraged a notable expansion and improvement of voluntary health insurance, and urge that reinsurance and pooling arrangements be authorized to speed this progress." Democrats: "We pledge . . . increased federal aid to public health services, particularly in rural areas."

• **From the Washington office of the American Medical Association.**

Social Security

Republicans: "We shall continue to seek extension and perfection of a sound social security system." Democrats: "By lowering the retirement age for women and for disabled persons, the Democratic 84th Congress pioneered two great advances in social security . . . We shall continue our efforts to broaden and strengthen this program by increasing benefits to keep pace with improving standards of living, by raising the wage base upon which benefits depend and by increasing benefits for each year of covered employment."

Miscellaneous

Further evidence that federal aid to medical schools will be high on the agenda of the next Congress is the survey underway by the staff of the House Interstate and Foreign Commerce Committee. More than 50 organizations have been sent letters requesting background facts on financial needs of medical schools and the demand for medical school applicants "rather than arguments intended to support or oppose any particular form of federal aid." The information is being gathered as a preliminary to hearings in the next Congress.

The Public Health Service announced the availability of 250 traineeship grants for graduate or specialized training of professional public health personnel under the newly enacted Health Amendments (Omnibus) Act. Emphasis is on bringing new and younger people into the public health field. Congress voted $1 million for the program this year. Another 500 traineeships from a $2 million appropriation are offered for graduate nurses in administrative, supervisory and teaching positions.

While Defense Department officials were putting the finishing touches on regulations to carry out the military dependents medical care program, the State Department was working on its own version of a program for furnishing care to about 13,500 dependents of Foreign Service personnel stationed overseas. In most instances, medical and hospital care (with a $35 deductible clause) will be supplied in U. S. military installations.

Annual Reports*

Cancer Committee

A meeting of the Cancer Committee of the West Virginia State Medical Association was held at the Greenbrier, in White Sulphur Springs, August 22, 1956. Present: Chauncey B. Wright, M. D., Huntington, and F. L. Blair, M. D., Parkersburg, chairman. Miss Anne Rouse of Charleston also attended the meeting as a representative of the Division of Cancer Control of the State Department of Health.

The committee went on record as recognizing the value of radioactive isotope diagnosis and therapy in the treatment of cancer patients.

It is felt that funds allocated by the Legislature for cancer control in West Virginia are inadequate to care for the present authorized methods of treatment. The committee feels that if and when the state authorizes sufficient funds, this method of diagnosis and treatment deserves consideration.

The West Virginia Cancer Society, with the cooperation of the Division of Cancer Control of the State Department of Health, has sponsored a Central Cancer Registry to be established within the Division. This project has been approved by the Council, as well as by the House of Delegates of the West Virginia State Medical Association, and the Registry will begin functioning on or about January 1, 1957. Your committee urges maximum participation by all physicians in the program.

The committee has taken note of Resolution No. 15 of the House of Delegates of the American Medical Association (December, 1955) concerning the establishment of cancer commissions by state medical associations or societies; however, it is felt that the rules and regulations governing the functions of the Cancer Committee negate the necessity for the appointment of such a commission in this state.

Your committee recognizes the deficiency of the budget for cancer control in West Virginia and recommends a joint meeting with the proper legislative committee to formulate a program whereby there may be an increase in the budget provided for the Division of Cancer Control.

The problem of cytological studies was discussed in detail. The committee recommends a meeting with the West Virginia Society of Pathologists relative to making cytological studies available to all of our people at a reasonable fee.

Respectfully submitted,

F. L. BLAIR, M. D., *Chairman*

* * * *

The Council

Blue Cross-Blue Shield Program

At a meeting of the Council held at the Greenbrier in White Sulphur Springs on Wednesday, August 22, 1956, the report of the Joint Blue Cross-Blue Shield Committee was given consideration, after which the Council accepted and approved the report and directed that such action be reported to the House of Delegates at the first session on Thursday evening, August 23, 1956.

The joint committee is composed of Dr. Russel Kessel, Charleston, Chairman; Mr. William M. Morel, Wheeling; Mr. T. Harvey McMillan, Charleston; Dr. Charles A. Hoffman, Huntington; Sister M. Rosaria, S.S.J., Clarksburg; Mr. Ward D. Stone, Morgantown; Mr. J. Stanley Turk, Wheeling; Dr. R. U. Drinkard, Wheeling; and Mr. John Hart, Charleston.

The following are the recommendations of the committee accepted and approved by the Council:

Blue Cross

1. That reimbursement to hospitals for Blue Cross† service be upon an audited actual cost basis.
2. That a reimbursable cost formula be developed by participating groups in collaboration with the Insurance Commissioner.
3. That preparation of the hospital reimbursement cost formula be standardized for participating hospitals.
4. That selection of an auditor be agreed upon jointly by the participating hospitals and Blue Cross plans, the cost of such audit to be borne jointly by the Blue Cross plans and the West Virginia Hospital Association.
5. Your committee, believing that there should be a more varied contract offering to the public in Blue Cross contracts, recommends that the following types of basic contracts be made available:
   (a) Dollar room allowance with full ancillary services.
   (b) Ward accommodations with average ward allowances toward a private or semi-private room with full ancillary services.
   (c) Semi-private accommodations with specified dollar room allowance toward a private room with full ancillary services.
   (d) Semi-private accommodations with average semi-private allowances toward a private room with full ancillary services**.
   (e) Extended benefit coverage (catastrophic).

The committee recommends that non-group enrollment among the people of West Virginia be encouraged, and that contracts (a) and (b) be made available to individual citizens of the state.

The committee also recommends that, unless otherwise contracted for, admissions primarily for diagnosis and for out-patient diagnostic work be omitted from the contract.

Blue Shield

1. The committee recommends uniformity of Blue Shield contracts and schedules of fees in West Virginia.
2. The committee further recommends that no less than two schedules of fees be provided with ceilings on contracts for incomes (a) up to $3,000 single and $4,000 family, and (b) up to $4,000 single and $6,000 family.

---

*Other annual reports were published in the August, 1956, issue of the Journal.

†Blue Cross in the sense used means all non-profit hospital service plans in West Virginia.

**Contracts described under paragraphs (a), (b), (c) and (d) may include deductible provisions, and the committee recommends that strong emphasis be placed upon this particular feature.

3. Those having incomes in excess of the income ceilings will receive the benefits shown in the schedules of fees.

4. Your committee has been approached by several physicians interested in a deductible contract for Blue Shield; however, it is recommended that, because of lack of experience on a national level, action in this matter be deferred. Your committee is informed that a few plans outside of West Virginia are now providing deductible Blue Shield contracts.

5. It is recommended that serious consideration be given to the matter of dual and/or parallel in-bed hospital services.

6. It is the further recommendation of the committee that the Blue Shield Plans in West Virginia make the necessary arrangements to service national or governmental coverage.

Blue Cross-Blue Shield

1. The matter of consolidation of plans has been thoroughly discussed at all of the meetings of the committee. It is believed, however, that the recommendations made in this report are of paramount importance to our people at this particular time. For this reason, the committee believes that the whole subject of consolidation should be considered further before any definite recommendations are made.

2. We believe that the programs being offered by Blue Cross-Blue Shield merit especially detailed study by participating physicians to the end that the provisions of the contracts may be fully understood. We recommend that participating physicians take time out from their practice to explain to their patients the many advantages of Blue Cross-Blue Shield coverage. We are of the opinion that all physicians should recommend strongly to their office personnel that they obtain Blue Cross and Blue Shield coverage, and that officials of hospitals and service plans should emphasize the importance and desirability of coverage of their employees under Blue Cross and Blue Shield.

3. It is the feeling of this committee that advantage should be taken of every opportunity offered to publicize by news articles, editorials and informational and statistical reports in professional and trade journals and bulletins the importance of participation in Blue Cross and Blue Shield programs as a means of helping the people of our state to bear expenses incident to hospitalization and medical care.

4. We submit for serious consideration by the Council of the West Virginia State Medical Association and the officers of all of the component societies and local auxiliaries the proposition that at least one meeting each year should be devoted to Blue Cross-Blue Shield. We believe that an open forum type of meeting concerning hospital and medical service plans should be arranged and held in each county in West Virginia. If this plan is not feasable, then we recommend that such type of meeting be sponsored by each component society of the West Virginia State Medical Association. The committee feels that physicians, hospital personnel and directors of service plans should seek the opportunity to discuss hospital and medical service plans before lay groups in their respective communities.

5. We recommend that further consideration be given to the matter of a special contract providing coverage for treatment and hospital care for surgical cases only for those in the extremely low income group.

6. Your committee recommends that a continuing committee composed of three members each from the West Virginia State Medical Association, the West Virginia Hospital Association and the Blue Cross-Blue Shield Association of West Virginia be named to consider further the many perplexing problems of all voluntary non-profit health and accident insurance programs in this state.

Respectfully submitted,

J. P. McMullen, M. D., *Chairman.*

White Sulphur Springs,
August 23, 1956.

* * * *

Fact Finding and Legislative

The Fact Finding and Legislative Committee has been alerted for a large part of the year in connection with HR 7225. Letters and telegrams were sent to our legislators apparently without producing the desired results.

At the spring meeting of the Council, a proposed autopsy examination bill was referred to the committee for its consideration and recommendations. The committee is unanimously of the opinion that we should have such a bill.

As written, the outline of the bill presented for the committee's consideration was not considered suitable or desirable. There was no provision for financing the proposals therein and there appeared to be some complications so far as procedure is concerned.

The committee approved the bill in principle but recommended that it be returned to the committee of its proposal for rewriting into proper legislative form and that it then be resubmitted to the Council.

A practical nurses bill very similar to that proposed last year was considered and has the approval of your committee.

A bill proposing to amend the law governing barbiturates was considered unsatisfactory and it is the committee's recommendation that it be opposed if introduced in the legislature in its present form.

Respectfully submitted,

E. Lyle Gage, M. D., *Chairman*
George T. Evans, M. D.
S. William Goff, M. D.
Grover C. Hedrick, Jr., M. D.
Frank J. Holroyd, M. D.
Thomas G. Reed, M. D.
Raymond Updike, M. D.
A. J. Villani, M. D.
Ward Wylie, M. D.

* * * *

Insurance Committee

Defendants' Medical Care Program

The following report of the Insurance Committee, written and submitted in the form of a resolution, was approved unanimously by the Council of the West Vir-

ginia State Medical Association on August 22, and by the House of Delegates on August 25, 1956:

WHEREAS, Publ.c Law #569, enacted by the 84th Congress and signed by the President on June 7, 1956, effective on December 8, 1956, provides for certain medical and hospital care for the dependents of all active armed services personnel and retired military personnel, eligible under the terms of said Act; and,

WHEREAS, certain recommendations regarding such medical and hospital services were considered by representatives of the American Medical Association, the Department of Defense, and insurance companies providing such coverage, including the Blue Cross-Blue Shield plans, at a meeting in Chicago, July 28-30, 1956, sponsored by the AMA; and

WHEREAS, it was the consensus of the representatives of the medical profession present from the various states and territories that such medical and hospital services would best be provided by the Blue Cross and Blue Shield plans acting as agents for the medical profession on a voluntary basis with the sole intention of providing adequate medical and hospital care on a just and equitable financial basis to all eligible personnel:

THEREFORE, BE IT RESOLVED by the Council of the West Virginia State Medical Association that the resolution be forwarded to the House of Delegates of the West Virginia State Medical Association, with recommendation for approval of the implementation of the provisions of Public Law 569, including the selection of the Blue Cross-Blue Shield plans of West Virginia as intermediary agents to the Department of Defense in providing the coverage according to the above statute; and

BE IT FURTHER RESOLVED, that after approval by the House of Delegates, notice of said action be forwarded to each component society.

BE IT FURTHER RESOLVED that the West Virginia State Medical Association request the West Virginia Hospital Association, through its proper representatives, to aid in formulating the fee schedule for hospital services to be rendered under the provisions of Public Law #569; and

BE IT FURTHER RESOLVED THAT THE House of Delegates of the West Virginia State Medical Association be requested to authorize:

1. The appointment of the Executive Secretary of the West Virginia State Medical Association as coordinator of plans and official representative of the West Virginia State Medical Association in providing such professional coverage under the terms of said Act; and

2. That the President of the West Virginia State Medical Association be empowered and directed to appoint a committee of eight physicians, one from each of the cities in which a Blue Cross and/or Blue Shield plan is operating, this committee to serve in a consultant and advisory capacity to the coordinator in implementing the terms provided by said Act, including the formulation of adequate fee schedules.

Respectfully submitted,

C. A. Hoffman, M. D.,
Chairman
F. Carl Chandler, M. D.
Buford W. McNeer, M. D.
Charles M. Scott, M. D.
Ray H. Wharton, M. D.

* * * *

Insurance Committee
(Supplemental Report)

Business Expense Disability Policy

At a meeting of the Insurance Committee held at the Greenbrier in White Sulphur Springs, on August 23, 1956, the members expressed the opinion that the medical practice situation in West Virginia, is healthier, whether it be due to education of the physicians, the legal profession or a possible lull before the storm, cannot be stated at this time.

During the past few months the membership has been offered the privilege of purchasing accident and health insurance for catastrophic disability, the carrier paying up to $5,000, with a $300 deductible clause. Approximately 61 per cent of eligible members are enrolled in our health and accident insurance plan with the Continental Casualty Company.

Preliminary studies are being made concerning the feasibility of developing a retirement annuity for the physicians of West Virginia. It appears that if such a program is completed it could mean that the membership can be offered a combination retirement benefit, 50 per cent of which would be a fixed annuity with a saving of approximately 8 per cent over the cost of individual coverage, the other 50 per cent being in the form of a variable annunity program in which the amount of the benefit dollar depends upon the value of the dollar at the time the benefits are received.

The Council of the West Virginia State Medical Association indorsed a business expense disability policy which will be offered to the membership within the next few weeks if such a plan is accepted and approved by the House of Delegates. Basically, this policy offers protection, to cover a physicians office expense for a period of up to one year of disability.

The premium is deductible as a business expense.

Respectfully submitted,

C. A. Hoffman, M. D.,
Chairman
F. Carl Chandler, M. D.
Buford W. McNeer, M. D.
Charles M. Scott, M. D.
Ray H. Wharton, M. D.

* * * *

Necrology Committee

The following is a list of West Virginia doctors whose deaths have been reported to the West Virginia State Medical Association during the past year:

1955

Sept. 4—William Ord Nunnally ..... Fairmont
Sept. 7—John Chapman McCoy ..... Buckhannon

Sept. 8	Charles Robert McGuffie	Woodruff
Sept. 9	Henry Cyrus Skaggs	Montgomery
Sept. 11	Alfred Robert Stork	Logan
Oct. 2	Brainard Evans Hines	Charleston
Oct. 12	Joseph Hart Ferguson	Ravenswood
Oct. 12	Nellie Maude Yost	Huntington
Oct. 22	Russell C. Bond	Wheeling
Oct. 28	Thomas Judson McBee	Morgantown
Nov. 3	Lawrence Wells Lawson	Logan
Nov. 4	Wirt B. Wilson	Charleston
Nov. 5	Samuel Hewes Phillips	St. Albans
Nov. 18	Ira Allen Stine	Grafton
Nov. 28	Louise Jarvis Currence	Clarksburg
Dec. 20	Jay Leonard Hutchison	Huntington
	1956	
Jan. 15	Max Harris	Bath, Pa.
Jan. 16	Raymond Leslie Focer	Weirton
Jan. 17	Lief Elmer Walton	Pennsboro
Jan. 24	Alfred Richard Schmidt	Wheeling
Jan. 25	Okey Maxwell Staats	Wheeling
Feb. 17	Harry Greene Camper	Welch
Feb. 19	Stanley Ray White	Bruceton Mills
Feb. 26	Joseph Arthur Guthrie	Huntington
Feb. 28	Olin M. Goodwin	Fairmont
Feb. 29	Russell Shelton Hamrick	St. Albans
Mar. 2	James Richard Brown	Huntington
Mar. 8	Edwin A. Davis	Charleston
Mar. 8	Norman Goad	Strange Creek
Mar. 13	Latimer Porter Jones	Pennsboro
Mar. 14	Forrest Pembrock Coombs	Wellsburg
Mar. 30	Michael Gaydosh	Wheeling
Mar. 30	Zachariah W. Wyatt	Weirton
Apr. 7	Frank H. Sisler	Bristow, Okla.
Apr. 8	James M. Fontaine	Charleston
Apr. 12	P. Allen Kemper	Germantown, Pa.
Apr. 19	Edward Elmer Shafer	Huntington
Apr. 20	Charles Morris Hawes	Washington, N. C.
May 9	Simon W. Riddel	Grantsville
July 4	Ernest E. McClellan	Huntington
July 7	George Park	Blacksville
July 17	Charles William Holdren	Athens

Respectfully submitted,

Myer Bogarad, M. D.,
Chairman
A. Kyle Bush, M. D.
Thomas V. Gocke, M. D.
Julian R. Lewin, M. D.
Howard J. Maxwell, M. D.
Carl W. Thompson, M. D.
E. Andrew Zepp, M. D.

White Sulphur Springs,
August 23, 1956

The Common Cold

The common cold is essentially a self-limited disease. However, in contrast to an attack of measles or scarlet fever, it does not induce an immunity which will prevent the individual from having a cold soon again. About 23 per cent of the population have colds four or more times a year; 60 per cent have colds two or three times a year, and 17 per cent once a year or not at all.—A. M. Fuchs, M. D., in N. Y. St. J. Med.

Dr. Clark K. Sleeth New President Of Heart Association

Dr. Clark K. Sleeth of Morgantown was installed as president of the West Virginia Heart Association at the annual meeting held in Bluefield, September 20. He succeeds Dr. William E. Bray, Jr., of Huntington.

Dr. Lynwood D. Zinn of Clarksburg was named vice president, and Dr. James H. Walker of Charleston, secretary. Mr. R. E. Plott of Charleston was reelected treasurer.

Elected to the board of directors were Dr. J. P. McMullen, Wellsburg; Dr. J. N. Jarrett, Oak Hill; Dow Roberts, Charleston; Joe F. Burdett, Point Pleasant; and Bob Holliday, Montgomery.

Am. Coll. Ob. and Gyn. in Annual Meeting

The fifth annual clinical meeting of the American College of Obstetrics and Gynecology will be held at the Palmer House in Chicago, November 7-9, 1956. More than 300 roundtable and breakfast conferences will be held during the three-day meeting, with fellows of the college and guest speakers as discussion leaders.

An innovation this year will be "Consultation Hours," which will be held four times during the meeting.

Dr. Carl S. Bickel of Wheeling is the West Virginia Chairman of District No. 4, and Dr. Wilbur E. Hoffman of Charleston, vice chairman.

Dr. Thomas A. Dooley Organizes Mission in Indo-China

Announcement has been made that Dr. Thomas A. Dooley, who will be remembered by physicians in West Virginia as a guest speaker at a dinner sponsored by the Kanawha Medical Society in Charleston last February, has organized a medical mission in the Southwest Asian Kingdom of Laos.

Doctor Dooley was the sole physician stationed in Haiphong, North Vietnam, during the evacuation of free Vietnamese from the communist-controlled sector of Indochina in 1954-55. As a medical officer in the U. S. Navy, he helped process more than 750,000 Vietnamese people through the camp to freedom.

He organized the new mission in Indo-China as a civilian, and as a physician interested not only in treating the medical ills of the people, but also in waging an "offensive for America, not just denying what the Communists say about us, but getting there and doing something about it."

Doctor Dooley and three assistants, all of whom served as corpsmen with him during the evacuation, arrived in Laos last month. Most of the financial support for the mission came from royalties from Dr. Dooley's book, "Deliver Us From Evil," which was released soon after his speaking engagement in Charleston last spring.

You don't get ulcers from what you eat but from what's eating you.—The Medicovan.

The West Virginia Medical Journal

November 1956 Vol. 52, No. 11

Tuberculous Meningitis

W. L. Cooke, M. D.

A review of the records of patients with tuberculous meningitis admitted to the Charleston General Hospital from 1948 through 1955 was undertaken to determine what results were obtained since treatment of this previously fatal disease has been possible. Other hospitals in Charleston did not have isolation wards during this period and thus were not included.

The diagnosis of tuberculous meningitis was made in 32 cases. Twelve patients died while they were in the hospital, and six died after discharge. Fourteen patients were alive in January, 1956, and six are well, with no residuals. Two are well in so far as residuals of tuberculous meningitis are concerned, but have other tuberculous lesions, one having pulmonary tuberculosis, one tuberculosis of the knee. One child has a comparatively mild weakness of the left side of the body and face.

Five living patients have severe crippling residuals consisting of severe paralysis, blindness and impaired mentality, rendering any rehabilitation extremely improbable.

Were the six living and well cases really tuberculous meningitis? Certainly an unquestioned diagnosis can be made only by isolating the tubercle bacillus from spinal fluid. Four of the six had positive spinal fluid cultures but one was not positive until the tenth tap. A fifth child had increased hilar markings bilaterally on chest x-ray and gastric washings positive for tubercle bacilli. An x-ray of the child's mother disclosed a previously undiscovered case of pulmonary tuberculosis. The child after being severely ill with signs of meningitis started to improve after two weeks of anti-tuberculosis therapy. In the sixth case the child had been taken to the Cleveland Clinic one month previously where a diagnosis of tuberculous meningitis was made. She was admitted to the Charleston General Hospital during an exacerbation.

The Author

W. L. Cooke, M. D., Charleston, W. Va.

What factors were present or lacking in six cases with complete recovery? The oldest with complete recovery was seventeen, one was five, three were two years of age, and one was under one year. Only two out of eleven patients over age twenty survived, one with a recurrence of pulmonary tuberculosis and one with paraplegia. Ten of seventeen cases under age ten survived and two of four cases between the ages of ten and twenty survived. All survivors had the disease in 1951 or later. Nine of ten patients treated before 1952 died. Thirteen of twenty-two patients treated in 1952 or later survived; that is since Isoniazid was introduced in treatment.

TABLE I

Age	*Under 10*	*10 to 20*	*Over 20*
Number	17	4	11
Survived	10	2	2

The amount of pulmonary pathology varied with the age of the patient to some extent and is not too reliable as an index of prognosis. No chest x-rays were taken in two cases, probably because of the extreme illness of the patients as both died. In four instances with x-rays reported negative, only one survived. Patients with open exudative lesions or cavitation, the so-called adult type of tuberculosis, survived in three cases out of nine. Cases showing so-called primary lesions showed a survival of six, with five dying. Six patients showed miliary tuberculosis on x-ray

of the chest and, contrary to most statistics, four survived.

TABLE II

X-ray findings	*Number*	*Survived*
Not taken	2	0
Negative	4	1
Adult type	9	3
Primary	11	6
Miliary	6	4

Spinal fluid studies were not conclusive as negative cultures were obtained on some with marked residuals and several of the deaths were not definitely proven tuberculous meningitis until post mortem examination. The cell count in the six patients recovering varied from 158 to 840, and the sugar from 13 to 43 mg. per cent. The spinal fluid in less successful cases showed similar findings.

The length of time before treatment is uncertain as it is impossible to tell how long the tubercle bacilli had been present in the cerebrospinal system. One case of miliary tuberculosis with positive spinal fluid culture never showed signs or symptoms of meningitis and went on to recovery. Some, in which treatment was started before signs of meningitis, went on to death, or survival with severe residuals.

The depth and duration of coma would lead one to expect more severe residuals. Two of the six patients recovering had convulsions and transient paralysis but none became too comatose to be aroused.

Lymphocytic meningitis, encephalitis and poliomyelitis were the most usual admission diagnoses, although neurosis and brain tumor were suspected in some cases. How, then, can we make an early diagnosis and institute treatment early enough to prevent coma and severe residuals? As previously stated a positive culture of tubercle bacilli from spinal fluid makes the diagnosis indisputable. In the majority of cases this report was not received until death or discharge from the hospital because of the length of time necessary to culture tubercle bacilli.

A family history of tuberculosis is certainly important; but this was not always obtained and in at least three of these cases the open adult cases of tuberculosis were found only after the child was known to have tuberculous meningitis. In other words, the meningitis led to the discovery of the pulmonary lesions in other members of the family.

A positive tuberculin reaction, especially in infants, is very important as a diagnostic index, but a negative tuberculin does not rule out tuberculous meningitis. The patient may well be in a state of anergy when the meningitis develops. In some countries with a high index of tuberculous infection BCG vaccine is used on all babies born into tuberculous families. I have been told that by the use of this vaccine the incidence of meningitis in these infants has been cut to about one-tenth. In other words, a child who has a positive tuberculin when there is massive tubercle bacillus invasion is less likely to develop meningitis. A child with a negative tuberculin reaction might well develop meningitis at the same time that the tuberculin reaction is converting to positive.

Only four cases showed negative chest x-rays and three of these patients died before a later chest plate could be obtained. Fifteen chest x-rays showed exudative, cavitary or miliary lesions. Nine showed so-called "primary" lesions. These x-ray findings probably are what most often called attention to the possibility of tuberculous meningitis. Routine admission chest x-rays may aid in establishing an earlier diagnosis. Certainly a negative tuberculin reactor converting to positive indicates recent tuberculous infection. Routine tuberculin testing is carried out in the pediatric department of many hospitals including the Charleston General and might easily lead to preventive treatment as a method of stopping meningeal involvement.

Routine tuberculin testing should start in the well baby clinics, nurseries, and among preschool children. In children under one year of age who become positive reactors treatment should start with Isoniazid and para-amino salicylic acid and be continued for at least one year. If the x-ray shows a simple primary x-ray shadow the same treatment should be started in older children, according to Jones.[1] Waring,[2] of Denver, believes that any tuberculin reactor converting from negative to positive also should be treated in this manner, especially nurses and physicians.

At Maybury Sanitarium,[1] if a child is ill with equivocal x-ray findings and a negative tuberculin reaction, then Isoniazid-PAS (para-amino salicylic acid) is started while further investigations of the tuberculin reaction, x-ray findings and spinal fluid are being made. The child could be anergic to tuberculin and still be developing miliary lesions not clearly evident on the first x-ray. Jones[1] continues this therapy for four months even if the x-ray and tuberculin reaction remain negative in cases known to be heavily exposed to open tuberculosis cases. In apparently healthy infants heavily exposed and with negative tuber-

culin tests, she recommends repeating the tuberculin test at two week intervals, or otherwise, using Isoniazid-PAS as preventive therapy for four months. Any acute illness should be reported by the parents in the two week interval between tuberculin testing.

Cammock and Miller[3] estimate the risk of developing meningeal or miliary tuberculosis in infected children under five years of age at 4.1 per cent and of course this is even greater in infants. Lincoln[4] reports that 8 per cent of infected children develop adult or reinfection type tuberculosis in one to fourteen years after the primary infection.

If, in spite of frequent tuberculin testing and preventive therapy, meningitis does develop the American Trudeau Society's Committee on Therapy[5] recommends daily administration of Isoniazid and Streptomycin. The Committee, for the most part, prefers PAS with the other two drugs. The recommended dosage of the drugs varies. Isoniazid in doses of 8 to 10 mg. per kilo would seem indicated at first until symptoms and spinal fluid changes are under control. Then the dose probably can be reduced to 5 mg. per kilo.

I usually use ½ Gm. of Streptomycin daily in infants with tuberculous meningitis. A Gm. daily would seem to suffice in adults. Streptomycin seldom is used intrathecally today. When the meningitis is under control the intramuscular injection is given two or three times weekly instead of daily. The Veterans Administration Chemotherapy Conference[6] seems to feel there is less likelihood of deafness with Streptomycin than with Dihydrostreptomycin.

PAS is recommended in doses of 180 mg. per kilo. Sodium-PAS is quite soluble, a Gm. easily dissolving in a teaspoonful of water. I find that even infants tolerate a teaspoonful of this solution four times a day very well. In adults the dose of PAS usually is 12 Gm. per day.

In meningitis or miliary tuberculosis this combination of drugs should be continued for at least two years. The long period of combined chemotherapy is imperative.

The use of Cortisone or a similar drug has been advocated in tuberculous meningitis, especially in cases with deep coma. Large doses should be used early and gradually reduced if the coma abates. The theory behind the use of Cortisone is to decrease the allergic response to tuberculin, thereby limiting the amount of fibrous reaction in the central nervous system, which eventually causes a block in the flow of cerebrospinal fluid with resultant hydrocephalus. Autopsies in the cases of many survivors, who die late, show that the tuberculous infection is overcome, death being due to cerebrospinal fluid block and the residual inflammatory reaction.

Cortisone seems to be safe in tuberculous infection when the disease is adequately covered with anti-tuberculosis drugs. If these drugs are not given adequately, Cortisone is contraindicated in pulmonary tuberculosis as it apparently destroys the barriers holding the disease in check, resulting often in fulminating spread.

In conclusion, it would seem that tuberculous meningitis offers better prognosis in children than in adults. The improvement in results since the introduction of Isoniazid is rather striking. Prevention of meningitis offers far more than the treatment. Isoniazid and PAS are easy to administer, have low toxicity and reduce the incidence of crippling tuberculosis. Meningitis should be treated early and vigorously without waiting for x-ray shadows, positive tuberculin reactions, or spinal fluid findings. The treatment should combine all three drugs and should be continued for at least two years.

References

1. Jones, E. M.: Bull. N. T. A. 42:7-10 (Jan.) 1956.
2. Waring, J.: Personal communication.
3. Cammoek, R. M., & Miller, F. J. W.: Lancet 1:158, 1953.
4. Lincoln, M.: Am. S. Med. 9:623, 1950.
5. Committee on Therapy: Am. Rev. Tuberc. 72:412-13 (Sept.) 1955.
6. Katz, S., et al: Tr. 14th Conference on Chemotherap. Tuberc., 1955, p. 299.

Pseudosociopathic Schizophrenia

A. A. Milburn, M. D., and Mrs. Mary N. Goff, M. A.

During the past several years it has been one of our duties to study and evaluate the mental condition of many court-committed patients charged with or indicted for felony. Often in these cases, the patient's antisocial acts and behavior have been of such nature as to make it extremely difficult to place him in the proper diagnostic category.

Similarly, judgment as to just what degree he was responsible for his acts has been difficult. From the standpoint of law, criteria to establish insanity often are lacking and yet psychiatric criteria are frequently lacking enough to establish even an approximate personality norm.

In examining a reasonable number of persons conspicuous for their sociopathic behavior, three groups or types will emerge: first, the classic sociopath; second, the acting-out neurotic, and; third, the acting-out schizophrenic.

It is for this first group, the classic sociopath, who acts out his thinking for short periods rather than retreat into a comfortable, full blown, permanent psychotic adjustment or level, that we are advancing the term "pseudosociopathic schizophrenia." More clarity in expression and discussion will be possible if this term is kept in mind.

Hoch and Polatin introduced the concept of pseudoneurotic schizophrenia. They described cases of schizophrenia in which the main manifestations were pananxiety, panneurosis and chaotic sexuality in order to differentiate them for the purpose of prognosis and treatment.

In the cases designated pseudosociopathic schizophrenia, the panneurosis and the chaotic sexuality often are dominant features. Sometimes pananxiety also is present. Again, it will be absent, at least on the surface, the anxiety most likely being expressed in antisocial behavior. The outstanding clinical features in these cases revolve about the antisocial behavior which is, of course, tied in with the underlying psychotic process, the latter all too often not apparent unless intensive study is made.

When these persons are apprehended for criminal behavior, their cases frequently are diagnosed as sociopathic personality disturbance, without psychosis. When the life history in any such case has been studied and followed, it can be seen that full blown psychotic episodes develop, and that these may be of brief or long duration. In a sociopathic personality the psychotic attacks often are called Ganser's syndrome or prison psychosis, particularly when they occur in a prison or a hospital setting with the patient either awaiting trial or under study. The cases presented in this paper, however, are intended to show that in many of these persons the psychotic episodes are more reactive to situations, as one would expect, in order to make the diagnosis of Ganser's syndrome or psychosis with a sociopathic personality. After close study of these cases, it becomes apparent that the reactive element or exacerbating stimulus is due to a continuous, underlying schizophrenic disorder.

The Authors

- **A. A. Milburn, M. D., Clinical Director, Weston State Hospital, Weston, W. Va.**
- **Mrs. Mary N. Goff, M. A., Clinical Psychologist, Psychology Department, Weston State Hospital, Weston, W. Va.**

In the psychotic episodes these patients exhibit in varying proportion autistic and dereistic thinking, regression, stereotyped behavior, severe affective changes, withdrawal, delusions and hallucinations. In many cases seen here at the hospital in both the male and female security wards, full blown psychotic manifestations occurred to such an extent that seclusion and restraint were required because of the patients assaultiveness and belligerence. In spite of this, the diagnosis of psychosis with sociopathic personality was continually made, presumably only because of the brief history of antisocial or asocial behavior. From a description of the psychotic episodes, there is no qualitative or quantitative difference from a schizophrenic reaction psychosis. However, during hospitalization and examination of these individuals, the observed schizoid features of their personalities are described in such qualifying terms as "unstable," "withdrawn," "hedonistic," "nomadic" and "egocentric." Somehow, all of these descriptive designations lead to, but also finally hedge about, the diagnosis of the schizophrenic process.

In some cases not requiring seclusion and restraint and which the psychotic process does not break through to the extent that it comes to the attention of the attending physician, the essential nature of the schizophrenic disorder is evidenced in the basically dereistic and autistic life approach, with a varying degree of disturbance in affect and interpersonal relations. In addition, there is a profusion of neurotic and antisocial symptoms. In this latter group of patients there often are micropsychotic episodes which do not necessitate removing them from the general population. The patients may undergo a more or less rapid return to a compensated psychotic level or to an adjustment on a lower level of functioning.

Clinically, the picture of the pseudosociopathic schizophrenic is quite variegated. These individuals may be divided into three major descriptive groups. In Group 1, the patient may appear to be the so-called "typical psychopath" who is resentful, sneering, bland and tough, jaunty and nonchalant. There is little if any surface anxiety and the general attitude toward the antisocial behavior often is that it is wrong in so far as society is concerned, but it is rationalized that perhaps at a different time and place such behavior would not be considered criminal. Frequently, such patients deny any criminal behavior for the offense and proclaim their innocence, saying they were convicted only because the confession was beaten out of them by the police or because they were framed; when they do admit criminal acts, they express guilt only superficially and it is seen that for the most part, the guilt is aroused by the actual detection and apprehension for the offense, or that guilty feelings have driven them into an offense. In some cases there is an overwhelming feeling of guilt which is found in the personality structure of these patients in the form of marked obsessive symptoms. Some of them typical of this group, reveal beneath an armor of toughness and defiance, a diffuse, obsessive, compulsive, and hypochondriacal picture such as fear of contracting syphilis, tuberculosis and cancer, with the decay and damage they cause. Some have a great fear of dirt, washing their eating utensils themselves so that they will not be contaminated and, after bowel movements, cleansing themselves obsessively with a whole roll of toilet paper or thoroughly washing the anus and buttocks. Their unconscious guilt and need for punishment frequently keeps them in the same neighborhood after committing crimes such as robbery, rape, arson or sodomy.

In the second type or group, the patient presents the surface picture of clinging, dependence and coy ingratiation. Such individuals usually are passively aggressive and often have a full blown panneurotic picture with diffuse anxiety. Diffuse neurotic symptoms and pananxiety are the most striking clinical features, along with the chaotic and antisocial acts such as sodomy and cunnilingus. These patients often are obsessed with thoughts of death and problems of causality and infinity, fantasy themselves as dying, and are filled with dread.

The third group revolves around those individuals who are isolated and withdrawn, frequently are alcoholics, and who use the mechanism of denial of their crime. Such cases have predominant obsessive and hypochondriacal features. In psychotic episodes, these individuals frequently show regression and bizarre behavior.

More often the clinical picture is mixed, with alternation between these various attitudes and symptomatologies. These patients often have records of behavior disturbances going back to repeated episodes of truancy, juvenile delinquency, bizarre aggressive outbursts, nomadism, alcoholism, drug addiction, and imprisonment for various types of offense. As with the paranoid pseudoneurotic schizophrenic, these individuals often do not deteriorate despite many psychotic breakdowns but manage to function at the fringe of society in the so-called criminal group.

All these differently described types show a schizophrenic emotional organization and a schizophrenic life approach. Why some schizophrenics act-out and others do not is unclear. We have no real knowledge on how acting-out behavior originates. The why of the acting-out behavior illuminates only some of the motives behind the criminal act; it does not explain the why of the conflictual situation which seeks solution in the acting-out behavior. Also, it is not quite clear why some of the ego regulation forces do not function properly. Lack of ego strength, nonexistent or impaired super-ego structure and the like, merely are indicators as to where the pathology lies in general and not informative in particular as to the actual mechanism involved.

We would like to present the dynamics of the acting out later on and outline some ideas concerning a group of people who show sociopathic behavior but who, studied in detail, reveal a normal structure which seems to be identical to many schizophrenic individuals. The antisocial behavior of these persons often distracts the examiner from the study of the underlying structure of this behavior.

Case Reports

Case 1. A white male, 35 years old, convicted on a second degree murder charge, was transferred to this hospital from West Virginia Penitentiary. At the age of 26, while employed as a policeman, he attempted to arrest a man, the man resisted arrest, and he struck the man on the head with a mace, the blow causing the death of the man later.

In 1949, the patient was sent to this hospital for observation. While here he apparently made adequate adjustment to hospital routine and was returned to the penitentiary after approximately seven weeks. No diagnosis was made at that time.

The patient was born in Jefferson County, Alabama, the fifth of nine siblings and, from the history, apparently had a normal, healthy childhood although it is noted that he was subject to temper tantrums and moody spells. There is evidence that the entire family was somewhat emotionally unstable.

At the age of 14, the patient had a series of six convulsions which were diagnosed as grand mal epilepsy. He had no further seizures until the end of a year when four occurred within a few hours. He then remained free of attack until 1945, when he had five convulsions in one night. The record indicates no further such episode until after he had been placed in jail, when one seizure occurred.

The history states the patient was unable to adjust in the service, frequently having fights with no cause. His employment record is a series of employments and discharges.

Clinical examination and psychologic tests made after transfer of patient to this hospital led to the diagnosis of sociopathic personality disturbance, antisocial reaction.

This patient is overproductive, hostile and scornful, showing antagonism toward all authorities. He makes much use of rationalization, projecting the cause of his difficulties on others, evading pertinent points in his behavior when he thinks it beneficial to his cause.

During his hospitalization he has presented many problems in behavior and care, being argumentative and, on occasion, combative toward other patients. At every interview he has expressed the same ideas, that he is being held here unlawfully because some authorities "have it in for him." He feels if the right person could be consulted this mistake would be rectified. He has written many long letters to state officials discussing what he feels are nefarious and political forces behind his imprisonment, some of the letters threatening in nature.

Summary of Case 1.—A 35-year-old white male, history of temper tantrums and moody spells during childhood, entire family emotionally unstable; his army as well as work record shows him to be unstable, with assaultive and abusive behavior. He was arrested and sent to the penitentiary following the death of a man he had assaulted. His records in the penitentiary and hospital have been erratic, with much overt behavior. He harbors resentment and suspicion toward many officials, believing he has been and is being unjustly persecuted. He suffers paranoid outbreaks, with much dereistic thinking.

Case 2.—A white male, 35 years old, with a long history of excessive use of alcohol, with numerous arrests. He has served a period of three or more years in the West Virginia Penitentiary for auto theft. His army record shows a dishonorable discharge and his occupational adjustment has been very poor. Sexual preoccupation, resulting in many difficulties including attempted rape, is in evidence.

Patient has a history of bed wetting until the age of 9, then infrequent seizures until the age of 15. He was somewhat subject to some temper tantrums during childhood but apparently adjusted in a marginal way to family life. He was always a "good mixer." He completed nine grades of school, being expelled as a result of getting a girl pregnant. About this time he started drinking. He worked as a miner after leaving school, and in 1941, he enlisted in the army.

His army record shows a history of alcoholism and much overt behavior. He was once court martialed for being intoxicated and fighting with a superior officer. There also were other punishments for misconduct. He was dishonorably discharged in 1944.

Following his army discharge he returned to mining but his occupational record was extremely erratic as a result of his excessive use of alcohol and his inability to adjust. Prior to admission to another state hospital, June 29, 1955, he was in jail for drunkenness all but seventeen days of a twelve month period.

While in the state hospital just mentioned, the patient was unable to adjust, being aggressive and resentful, apparently having an uncontrollable urge to have himself recognized and talked about, particularly with regard to his involvement with various women to whom he wrote long love letters. He feels he is a Don Juan and irresistible. There are many psychophathic irrationalizations in his conversation.

Because of the difficulties he became involved in at the other state hospital, he was transferred here. After a period he was allowed to work and adjusted to this for a time. He continued to write love letters, however, as well as some of a threatening nature. Some of these he was able to get mailed without the knowledge of hospital personnel. In view of this, together with his past record, it was felt advisable to place him on a locked ward where he has adjusted to routine in a somewhat passive manner, though still showing resentment and some hostility at being hospitalized and toward those he feels are responsible for his continued hospitalization.

Psychiatric evaluation in this case showed a strong sociopathic trend. The diagnosis was "schizophrenic reaction, chronic undifferentiated type," in view of depersonalization and ambivalence as well as the past history.

Summary of Case 2.—A 35-year-old white male, history of using alcohol since the age of 15, with complete change of personality when intoxicated. He has had many arrests for drunkenness, has served a sentence in the penitentiary for auto theft, has attempted rape, has been destructive and combative when intoxicated.

He has a poor concept of reality; he is emotionally immature, sexually preoccupied, and unable to make any of the necessary social adjustments. He is constantly seeking the "limelight," by fabrication.

Case 3.—A white female, age 26, first sent to the hospital following attempted suicide while incarcerated in jail. History of excessive drinking since the age of 16, with much overt behavior, being assaultive, fighting frequently, unable to make social or occupational adjustment. She refused to wear dresses, preferring slacks and mannish type clothing.

As a child the patient was stubborn and jealous but made friends easily and apparently posed no serious problem. She started school at the age of 6, completing the eighth grade at the age of 16; she left school at this time.

She was admitted to this hospital Feb. 3, 1949, at the age of 19, following her attempted suicide. On admission she was cooperative, appearing emotionally flattened. Later, however, she became irritable and uncooperative. Psychometric testing gave evidence of a mild intellectual impairment. At this time the diagnosis of psychopathic personality was made. She was released on a trial visit after four months, returned later for physical treatment and again was released. She was uncooperative, demanding, and obtained alcohol from neighbors. She was returned to the hospital after she took an overdose of morphine pills.

At this time she was very uncooperative, destructive and threatening, necessitating restraint. Her attitude remained much the same even after restraint was removed. She was demanding, sarcastic and haughty, frequently getting into arguments with other patients. She continued to have periods when restraint and seclusion were needed.

On August 4, 1950, transorbital lobotomy was performed in this case. No appreciable change was noted in the patient's attitude or behavior following the operation. Over a three year period the patient received approximately fifty-three electroshock treatments in an attempt to change her combative, destructive behavior. For short periods she would make a marginal adjustment both in occupational and ward routine, but then would revert to her former behavior. A second transorbital lobotomy was performed July 24, 1952, with similar results.

On December 1, 1953, the patient was given ground privileges to do errands with another patient following a period of adequate adjustment to work on an infirmary ward and satisfactory behavior at recreational events. On June 9, 1954, she was granted a trial visit. She was returned a month later, having been irritable and uncooperative, with episodes of extreme violence. The month following her return she was permitted to watch television on an open ward, and took this opportunity to escape from the hospital.

Summary of Case 3.—A white female, age 26, was first sent to the hospital following attempted suicide in jail after having been arrested for drunkenness. There was a history of excessive drinking and overt behavior since the age of 16, with inability to make adequate occupational or social adjustment. Adaptation to hospital routine was extremely poor with much combativeness and destructiveness, at times necessitating restraint and seclusion. Two transorbital lobotomies were performed with the hope of altering the behavior pattern but seem to have been of little value. Her behavior, for short periods, was adequate; however, she always reverted to her uncooperative state.

Case 4.—A white female, age 41, was committed to the hospital for excessive use of intoxicants, with beligerency and vagrancy. Excessive use of alcohol began at the age of 19. There were three marriages, all ending in failure to adjust; there were many extramarital experiences,

with no evidence of guilt concerning them and many travel escapades, some by hitchhiking.

Little is known about patient's childhood. She was subject, however, to frequent temper tantrums and emotional outbursts. She attended boarding school for three years and graduated from high school at the age of 17. She went to New York at the age of 19 to study dramatics, obtaining small parts in legitimate theater and radio. She had several love affairs prior to her marriage at the age of 26. This marriage ended four years later. Following her return to West Virginia she remarried after a whirlwind courtship of two weeks. This marriage lasted approximately three months. Her husband had her committed to Huntington State Hospital for alcoholism and she did not see him after that.

She remained in the Huntington hospital for three weeks. After her release she went back to New York to get a job but again drank heavily and, upon the insistence of her father, returned to West Virginia to enter Spencer State Hospital where her adjustment was very poor although she appeared superficially cooperative.

She was admitted to this hospital for the first time Oct. 10, 1950. For some time she was superficially cooperative and expressed some verbal insight into her condition. She readily discussed her alcoholism and wandering propensity. Psychologic testing showed her to be an oral, aggressive and hostile individual unable to accept adult responsibilities, and dealing with her environment in a detached manner. She was given a diagnosis of psychopathic personality with asocial and amoral trends.

The patient was granted a trial visit on several occasions but each time failed to make adjustment, reverting immediately to her former behavior including excessive use of alcohol, drugs and marihuana cigarettes. She became very uncooperative, combative and destructive, her attitude one of sarcasm and resentment.

In this case, a transorbital lobotomy was performed July 24, 1952. The patient's behavior improved and she was transferred to an open ward. She was again granted a trial visit but failed to make necessary adjustments, being brought back to the hospital because of drunkenness and disorderly conduct. Following a long period of satisfactory ward and occupational adjustment, she was given limited outside privileges. Approximately four months later she escaped. When next heard from, six months later, she was making a reasonably satisfactory adjustment in Chicago and at the request of her father she was granted a discharge. Approximately nine months later it was learned that she had been admitted to Chicago State Hospital, later escaping from that institution.

Summary of Case 4.—A white female, long history of excessive use of intoxicants, delinquency, venereal infection, three marriages, all ending in divorce. She had numerous trial visits, but was unable to make any adjustment. While hospitalized, she was a behavior and conduct problem. At times she attempted to have amorous affairs with male patients. She escaped May 1, 1954, and went to Chicago. Her father investigated the circumstances and stated she was making a marginal adjustment. Therefore, she was given an administrative discharge at his request.

References

Cleckley, H.: The Mask of Sanity, St. Louis, The C. V. Mosby Co., 1950, ed. 2.

Kahn, E.: Psychopathic Personalities, New Haven, Yale University Press, 1931.

Hoch, P. H., & Polatin, P.: Pseudoneurotic Forms of Schizophrenia, Psychiat. Quart. 23:248, 1949.

Davidson, H.: Forensic Psychiatry, New York, The Ronald Press Co., 1952.

Eissler, K. R.: Searchlights on Delinquency, New York, International Universities Press, Inc., 1949.

Zilboorg, G.: The Psychology of the Criminal Act and Punishment, New York, Harcourt, Brace & Co., 1954.

Guttmacher, M. S., & Weihofen, H.: Psychiatry and the Law, New York, W. W. Norton & Co., Inc., 1952.

Antispastic Sedative Medication in Urologic Procedures

(Preliminary Report)

John F. McCuskey, M. D., and E. Burl Randolph, M. D.

There is more than a little truth in the statement that "In a great many cases anesthesia or analgesia used has been unnecessarily powerful for the operative procedure required."[1]

In skilled hands most urologic examinations can be accomplished with minimal distress although some procedures are unavoidably painful. This is particularly so with reference to the male patient. But even in the case of the male patient there is no valid basis for the fear, apprehension and, one might indeed say, trepidation so often apparent at the mere prospect of nothing more than simple cystoscopy. How large this factor may loom is well illustrated in the case of the physician who, in the presence of hematuria, steadfastly refused to undergo cystoscopy. Undoubtedly this patient would have suffered pain and distress during the examination since his emotional upset and his fear would have caused muscle spasm, thus rendering any procedure more difficult.

Such a patient needs sedation, either morphine or, better, as advised by Laibe,[1, 2] dilaudid, which does not have such a tonic effect on the ureters, or the bladder, or the bladder sphincter. Better still, however, would be a combined antispasmodic and sedative medication. The latter, in these circumstances, could be quite mild because of the smooth muscle relaxation.

The published reports of Lund and Zingale,[3] also Pennington,[4] on the antispasmodic, "Octin," prompted the authors to study further its reported pharmacology. Thus, Beacham and Beacham[5] reported the facilitation of the passage of ureteral stones with its use, and Pennington[6] had similar success, while Goldstein[7] used Valoctin in dysmenorrhea, with good results.

Octin, an unsaturated straight-chain amine, was reported to relax smooth muscle fibers of the biliary, gastro-intestinal and genito-urinary tracts. This it did both through the nerve paths and by direct action on the muscles. The latter effect accounts for the fact that the sphincters were not contracted to the extent seen with most sympathomimetic drugs. Consideration of the described facts led the authors to test Valoctin in their practice, both in office and hospital cases. This medicament is a combination of 1 grain of Octin combined with 4 grains of the nonbarbiturate sedative Bromural, a carbamide which is a cortical sedator rather than an hypnotic and offers few or none of the drawbacks associated with most sedatives.[8]

The Authors

- **John F. McCuskey, M. D., Clarksburg, W. Va.**
- **E. Burl Randolph, M. D., Clarksburg, W. Va.**

The following is a report of the results obtained in a clinical study of this drug in a series of 174 consecutive, unselected cases. Eighty-three of these patients received 2 tablets of Valoctin one hour before instrumentation and 2 tablets shortly following the procedure, with no other medication; the remaining 91 patients served as controls.

The urologic procedures involved were cystoscopy, ureteral catheterization, pyelograms and intravenous pyelography.

The patients were divided into groups: (1) those that had pain during the examination and (2) those that had pain after examination.

Since pain is a subjective symptom it is quite difficult to measure. Furthermore, its threshold varies considerably in the individual. Therefore, only those patients who complained severely or who reacted by obvious physical signs of pain were counted.

In the group of patients who complained of pain after the urologic examination. We included those with back pain, suprapubic and perineal pain, tenesmus, and frequency of urination. Certain members of this group also complained of pain during examination.

Postcystoscopy urethral fever and chills, being objective symptoms, could be accurately recorded. Some of these cases were also in groups 1 and 2.

TABLE I

	Valoctin	*Control*
Number of cases	83	91
Pain at the time of examination	18	34
Postcystoscopy pain	24	41
Postcystoscopy urethral fever and chills	2	6

We tried to evaluate the quality of the pyelograms in the Valoctin and the control group but found no significant differences.

We also made an effort to gauge the effect of Valoctin when used with intravenous pyelography. Two tablets were given one hour before examination to 73 patients, and 60 patients were used as controls. The results are recorded in Table II. The improved visualization of the ureters must be attributed, we believe, to the relaxation of the ureteral walls.

TABLE II

Intravenous Pyelography

		Valoctin 73		*Control 60*
Secretion	Time	+ −		+ −
	Volume	+ −		+ −
Reactions*	Hives	0		5
	Pain	2		16
	Nausea	1		3
Visualization of				
	Ureters	17	good	0
		21	fair	16
		35	poor	44
	Pelves	+ −		+ −
	Bladder	+ −		+ −

*There was a noticeable difference in the severity and number of reactions in the two groups. This may have been due to less apprehension and nervousness in the group receiving Valoctin. An attempt to evaluate the amount of gaseous distention was unsatisfactory.

While this is purely a clinical study, the differences in pain and other subjective symptoms seen in those patients who received Valoctin and those who did not are quite marked. An objective difference which, in contradistinction to pain, can be assumed to be free from subjective influence was observed with regard to the intravenous pyelograms. Here the best visualizations of the ureters all occurred in those cases in which the patient had received Valoctin.

We plan to carry out further studies with regard to the effectiveness of Valoctin in varying dosage and will try to minimize insofar as possible subjective influences by the use of placebos.

References

1. Laibe, J. E. F.: Simplified Analgesia in Urology, Illinois M. J. 73:224-226 (March) 1938.
2. Laibe, J. E. F.: A Further Report on the Use of Dilaudid as an Analgesic in Urology, Urol. & Cutan. Rev. 56:26 (Jan.) 1952.
3. Lund, H. G., & Zingale, F. G.: Synthetic Hydrocarbon for the Relief of Ureteral Spasm, J. Urol. 50:65-67 (July) 1943.
4. Pennington, J. C.: Octin as a Spasmolytic in Urological Practice, J. Urol. 54:486-488 (Nov.) 1945.
5. Beacham, H. T., & Beacham, W. D.: Ureteral Calculi. An Unusual Case with Five Stones in One Ureter, New Orleans M. & S. J. 98:1-4 (July) 1945.
6. Pennington, J. C.: The Use of Octin in Ureterolithiasis. A Case Report, J. Tennessee M. A. 39:92 (March) 1946.
7. Goldstein, L. Z.: Valoctin Therapy in Functional Dysmenorrhea. A Preliminary Report, Pennsylvania M. J. 54:1056-1057 (Nov.) 1951.
8. Margulies, H. H.: The Use and Abuse of Sedatives, M. World 70:695-698 (July 15) 1949.

Youngsters Need a Family Doctor

I FEEL it highly desirable that, regardless of the nature of the symptom or disorder, the boy or girl have his or her own doctor to whom he can go freely and discuss either physical or emotional worries. To decide without seeing a youngster or only after an extremely brief visit that this kind of emotional difficulty or delinquent behavior is beyond your capacity to handle may be to reject a youngster just at the time when he most badly needs the sort of man he thought you were.

Far be it from me to suggest that you continue to treat young people whose emotional or behavioral disorders could be much better handled by someone with professional training along these lines, but I would urge that just as you should be quick to refer those who require the attention of someone whose competence is greater than yours, so also should you be slow to refer those who, for all you know, after a visit or two with you, might very considerably be benefited.

It is well to remember that training is not everything, and that the adult who is genuinely interested in young people, and who intuitively now and then says just the right thing may be of more assistance to him than the person who is better informed. How you feel toward these young people can be a greater factor than what you know about them.—J. Roswell Gallagher, M. D., in Journal, Med. Assn., State of Alabama.

A New Method of Skin Closure

Anne LeCroy, Ph. D., and Paul Williamson, M. D.

A NEW method of skin closure, as described in this paper, without the use of sutures, clips or other materials, has been tried in more than 2,000 cases, with good results in more than 96 per cent.

The technic makes use of a special thin plastic tape which closely resembles the ordinary transparent cellophane tape for sale almost everywhere. Since it will stretch slightly in all directions, the wound closure tape allows some movement of the wound area without disruption of the wound edges. As the illustration shows, the product is perforated at regular intervals to allow free drainage of wound secretions (Fig. 1).

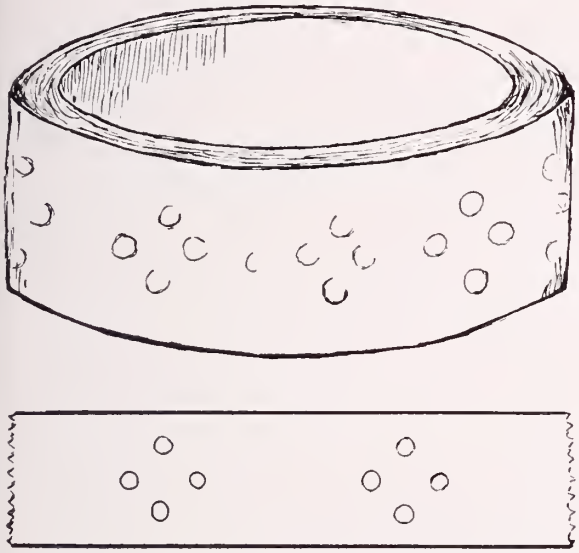


Fig. 1. Sketch showing thin plastic tape with perforations at regular intervals to permit free drainage of wound secretions.

An adhesive of the synthetic group is used to coat the tape. Originally compounded for use on sterile surgical plastic drapes, it has been used in several hundred thousand cases with reported incidence of skin reaction less than one-fiftieth that of ordinary medical adhesive. Furthermore, the coating is slightly anaesthetizing.

To illustrate use of the tape, we will follow through our technic for the closure of a small laceration.

After the bleeding has been stopped, we wash the wound and the surrounding area with castile soap and water. The washing process is as thorough as possible and usually will consume three or four minutes. Antiseptics, according to published reports and from our own experience, actually can do more harm than good when applied to a wound. They probably kill more tissue cells than bacteria, and cause a chemical trauma that retards the process of healing.

The Authors

- **Anne LeCroy, Ph.D., Albuquerque, New Mexico.**
- **Paul Williamson, M. D., Albuquerque, New Mexico.**

If the wound is dirty, we irrigate with sterile physiologic saline solution. Any small bits of extraneous material that may cling after profuse irrigation are brushed away with an artist's brush of moderately stiff camel's hair.

The wound and the surrounding area are then patted thoroughly dry with a sterile surgical sponge. In no circumstances is the wound ever *wiped* dry. But the area must be completely dry, since the wound closure tape will not adhere properly to a damp surface.

Several strips of the tape are then applied to the most mobile side of the wound. The free ends of these are used for traction, to pull the wound edges into exact approximation (Fig. 2). When the strips are sealed to the skin, the final application is pressed down firmly (Fig. 3).

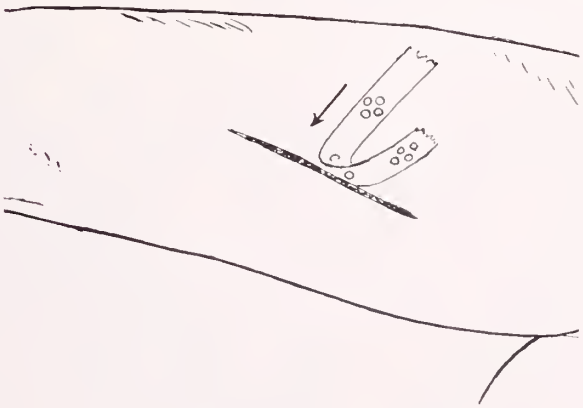


Fig. 2. First strip of tape in position, with one end free for traction in approximating wound edges.

ACHROMYCIN

ACHROMYCIN*

Tetracycline *Lederle*

for prophylaxis and treatment of

obstetric infections

Posner and his colleagues[1] have reported on the use of tetracycline (ACHROMYCIN) in 96 cases of obstetric complications, including unsterile delivery, premature rupture of the membranes, endometritis, parametritis, and other conditions. They conclude that this antibiotic is ideally suited for these uses.

Other investigators have shown ACHROMYCIN to be equally useful in surgery and gynecology and virtually every other field of medicine. This outstanding antibiotic is effective against a wide variety of infections. It diffuses and penetrates rapidly to provide prompt control of infection. Side effects, if any, are negligible.

Every gram of ACHROMYCIN is made in Lederle's own laboratories and offered *only* under the Lederle label—your assurance of quality. It is available in a *complete* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection, bolsters the patient's natural defenses, thereby speeds recovery. Especially useful in severe or prolonged illness. Stress formula as suggested by the National Research Council.

SF Capsules, 250 mg.
SF Oral Suspension, 125 mg. per teaspoonful (5 cc.)

For more rapid and complete absorption. Offered only by Lederle!

dry-filled sealed capsules

[1]Posner, A. C., *et al.;* Further Observations on the Use of Tetracycline Hydrochloride in Prophylaxis and Treatment of Obstetric Infections, *Antibiotics Annual* 1954-55, pp. 594-598.

Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

PHOTO DATA: SPEED GRAPHIC CAMERA, F.16, 1/50 SEC., ROYAL PAN FILM

We apply a simple dressing over the tape and allow it to remain in place undisturbed for five or six days. The tape we are now using is so designed that it will loosen spontaneously after this period. When the dressing is removed, the tape usually will come away without pain to the patient. In many cases, we reapply the tape for a longer period, but do not add a surgical dressing.

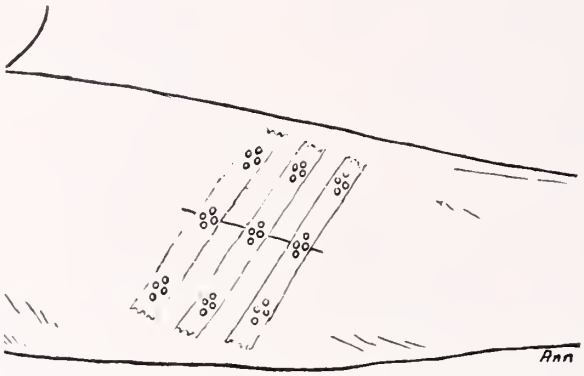


Fig. 3. Wound ends approximated, with free ends of tape sealed to skin on opposite side of wound.

We are now in the process of experimenting with two new forms of the product: (1) a tape that will remain in place for ten or twelve days, of greatest use in major surgery, and (2) an occlusive tape without perforations, designed for use with stings, burns and abrasions.

Several factors contribute to the superior results obtained by the use of this technic.

First, the wound is handled atraumatically. Then, there are no foreign bodies in the wound. Sutures, although they may hold the skin edges together well, are foreign bodies. As such, they initiate a mild inflammatory reaction deep in the wound, and they delay healing. We feel that use of the wound closure tape speeds healing from 20 to 30 per cent. Third, the crosshatch scarring so commonly seen in wounds that have been sutured is completely eliminated.

The tape is quicker and easier to use, and is cheaper than any kind of suture material. It is, to all intents and purposes, self-sterilizing and may not need autoclaving. It is, furthermore, essentially painless, a feature of especial benefit to doctors who treat children.

The technic we describe need not be limited to minor wound closures. Preliminary accounts indicate that the tape is superior to the traditional skin suture for the closure of incisions in cases of major surgery. At the present time two hundred cases have been reported—not a sufficient number to warrant unequivocal statements as yet.

The taping process seems particularly well adapted to yet another field, that of plastic surgery and reconstruction. Detailed accounts of various cases cannot be given here, but physicians may be interested in three uses that have been devised. First, the tape is excellent for holding skin grafts in position. Second, a number of major reconstructive procedures have been done with use of only an occasional anchor suture and the tape. Results have been uniformly excellent. Third, a local surgeon recently has developed another use of the tape. In closing a harelip incision, he places a single stitch in the vermillion border and closes the skin with a strip of tape. Photographs of the sites show effects much superior to those formerly obtained with sutures. The scar is a single, almost invisible, hairline.

The wound closure tape is not yet commercially available and probably will not be for a year or more. Qualified physicians who will make critical use of the tape and report their results may obtain samples by writing the author.

References

1. Leven, L.: Surgical Management of Congenital Atresia of the Esophagus and Tracheo-Esophageal Fistula, Ann. Surg. 136:701, 1952.
2. Bigger, I. A.: Treatment of Congenital Atresia of the Esophagus with Tracheo-Esophageal Fistula.
3. Swenson, O.: Surgery 22:324, 1947.
4. Haight, C.: Surg., Gynec. & Obst. 76:672, 1943.
5. Gross, R.: The Surgery of Infancy and Childhood, 1953, pp. 75-102.
6. Battersby, J. S.: Congenital Anomalies of the Esophagus, A. M. A. Arch. Surg. 560, 1955.
7. Ladd, W. E.: Esophageal Atresia and Tracheo-Esophageal Fistula, New England J. Med. 230:625, 1944.

Special Article

Seventy-Five Years of Public Health In West Virginia

N. H. Dyer, M. D., M. P. H.

THE OBSERVANCE of this the 75th birthday of the State Board of Health affords an opportunity for the counties and communities of West Virginia to review the many achievements in the battle against human illness and for each one of us to rededicate ourselves to the cause of improving the health of our people by stimulating participation by individuals, communities, and professional and voluntary health workers in the prevention and control of illness throughout the state.

Also, at this particular time, it seems appropriate to pay humble tribute to those pioneer physicians who dedicated themselves to the enormous task of correcting the many historic public health hazards in West Virginia. We owe them a debt of profound gratitude for their unselfish, uncompensated services in the laying of a solid foundation for the public health structure in West Virginia.

Preliminary plans for the establishment of a state board of health in West Virginia were discussed at the annual meeting of the state medical society, in 1875. Dr. S. L. Jepson, who later became State Health Commissioner, introduced a resolution calling for the appointment of a committee to formulate and present to the state legislature a plan for the establishment of a state board of health.

This early effort failed and it was not until March 8, 1881 that the "Act to Establish a State Board of Health and Regulating the Practice of Medicine and Surgery" was passed by the legislature. The law became effective June 8, 1881. An annual budget of $1,000 was authorized.

Governor Jacob B. Jackson appointed the physicians whose names are listed below as members of the first State Board of Health: For a term of six years, James E. Reeves, Wheeling, and A. R. Barbee, Point Pleasant; four years, C. T. Richardson, Charleston, and Isaiah Bee, Princeton; and two years, George B. Moffett, Parkersburg, and George H. Carpenter, Moorefield.

The Author

- **N. H. Dyer, M. D., M. P. H., State Director of Health, State Department of Health, Charleston, W. Va.**

On June 9, 1881, a letter, as follows, was sent to each of the newly appointed members of the Board:

Wheeling, West Virginia
June 9th, 1881

Dr.....

My dear Sir:

"The order in which his Excellency, Governor Jackson, has been pleased to write his appointments for the State Board of Health makes it my duty to call the Board together for organization.

"Feeling confident you will agree with me in opinion that the Board should begin its important work as early as possible, and that its first meeting for organization should be held at the State Capitol, I have taken the liberty to appoint Tuesday, the 21st inst., the time, and Wheeling the place of meeting; and, hope you will not fail to be present at the date above mentioned.

Very Respectfully,

Your obedient servant,
James E. Reeves, M. D.

Accordingly, the first meeting was held in the Executive Chamber at the Capitol in Wheeling on the 21st day of June, 1881, with five of the six members present. The absent member was Dr. Isaiah Bee of Princeton. Dr. George H. Carpenter was elected temporary secretary and Dr. James E. Reeves temporary chairman.

As temporary chairman, Doctor Reeves addressed the Board. Some excerpts from that address which clearly express the basic philosophy of public health follow:

"Today we commence a new chapter in the history of West Virginia, and no more responsible trust was ever conferred by the state. We are confronted with questions concerning the life, health and happiness of the whole people of West Virginia.

"In no other branch of the state's service can be found the demand for such an amount of self-sacrificing, patient, competent labor as the State Board of Health has accepted to perform. . .

"West Virginia has now formally contributed her quota of volunteers to the grand army of sanitarians.

"Physicians, who have given attention to the subject, know that by a strict observance of the now well established principle of hygiene, at least one-third of the deaths annually occurring from the four greatest factors of mortality, namely, so-called "consumption," scarlet fever, diphtheria and enteric or typhoid fever may be prevented.

"Besides loss of valuable lives from preventable sickness, it is estimated that for every case of death in a community there are about 13 sick persons who are non-productive and have to be cared for by somebody, either at the expense of the citizen, or by the state. The average in loss of time, medical attendance, medicines and nursing is about $50 each. And all this suffering and loss in treasure—not to mention the cost of burying the dead—from ignorance and neglect.

"The medical features of the law are not less beneficient. They guarantee to the people well qualified physicians and surgeons; and will soon separate well-educated physicians from ignorant, dangerous pretenders who cannot be otherwise regarded than as public enemies.

"I look forward to the enjoyment of great pleasure by our association. Again, I welcome you to this grand, glorious, self-sacrificing duty, which if faithfully performed will bless and make happy the people of West Virginia."

Following Doctor Reeves' address, Dr. George Moffett was elected President and Doctor Reeves permanent Secretary and Executive Officer of the Board. Doctor Reeves requested that his salary remain undetermined until a future meeting.

During the afternoon session the Board considered applicants for license to practice medicine and surgery according to the three classifications as set forth in the original legislative act, which were:

(1) Graduates of reputable medical colleges upon presentation of diploma to receive certificates to practice, without examination.

(2) All persons who had practiced medicine in the state continuously for ten years prior to 1881 were eligible for license without examination.

(3) Others, not graduates of medical schools and who had not practiced, but who presented themselves to the State Board of Health for examination.

Three applicants that afternoon passed the Board's first examination. They were Dr. Lew S. Franklin of Glenville, Dr. Leonard Eskey of Benwood, and Dr. George I. Garrison of Burton. Eight hundred forty-three physicians were licensed during that first year.

It also was decided at this first meeting that Board members should name physicians in their respective districts as members of local or county boards of health and that these boards should be given the authority to license qualified medical applicants.

The second meeting of the Board was held at Brinkman's Hall in Grafton, August 4, 1881, to consider an appeal by an individual who had been denied a certificate to practice by a local board of health. The appeal was dismissed when the appellant failed to appear.

Early Legislation

The public health laws in West Virginia prior to 1881 were very meager. In 1868, a law was enacted prohibiting, with penalties, the sale of any diseased or unwholesome food or drink without making the fact known to the buyer.

The Act of 1881, which established the first Board of Health, provided that the Governor appoint two physicians from each congressional district as members of the Board. The requirements were that the appointed physician must be a graduate of a respectable medical college and must have practiced medicine for twelve years prior to the appointment. The Secretary chosen by the Board members, was the Executive Officer, with duties that included giving advice to the local boards.

The principal duties of the State Board were to conduct sanitary investigations regarding causes of diseases in both humans and animals, to maintain quarantine centers in order to prevent spread of contagious diseases, to establish county health boards with the consent of local governments, and to license physicians to practice medicine in the state.

The salary of the Secretary was determined by the Board. No other Board member received a salary.

From 1881 to 1913, there was little change in public health legislation in West Virginia. In 1913, during the term of Governor Henry D. Hatfield, himself a physician, the Board of Health was reorganized. Two members-at-large were added. The office of State Health Commissioner was created. The Commissioner became the Secretary and was designated an ex-officio member of the Board.

The reorganized Board of Health was authorized to execute additional health measures such as the inspection of food, drink and drugs for sale to the public, and the examination of public water supplies, drainage and municipal sewage systems; it also was authorized to keep on hand in the Secretary's office a supply of preventive serums for distribution when necessary. The State Hygienic Laboratory was established in 1913, in connection with the University at Morgantown.

In 1915, the State Board of Health was abolished, and the State Department of Health created. The new agency exercised all the powers and duties of the old Board. The Department of Health at that time consisted of a Commissioner of Health, and a Public Health Council with six members. The Commissioner was appointed by the Governor for a term of four years. His annual salary was placed at three-thousand dollars. The requirements for office were that he be a physician, skilled in sanitary science and experienced in public health administration. The duties of office were to administer the public health laws and regulations of the Department of Health, to draft rules and regulations for consideration by the Public Health Council, to assist local health officers in sanitary surveys in counties, to settle jurisdictional disputes between local health officers, and to study causes of morbidity and mortality from diseases in the state.

The six members of the Public Health Council likewise were physicians, and likewise were appointed for terms of four years. All were required to be graduates of regular medical schools, with five years' experience in practice. Each member received compensation in the amount of ten dollars per diem. The duties of the Council were to promulgate rules and regulations, to take evidence in appeals, to approve plans and appointments, to hold hearings, to advise the Commissioner of Health, to define qualifications of local health officers and directors of divisions, and to license, when qualified, physicians to practice medicine and surgery.

The 1915 legislature created the Division of Preventable Diseases and the Division of Sanitary Engineering. These two were the first "Divisions" of the State Department of Health.

The Division of Maternal and Child Hygiene was created by the legislature in 1919, and the Division of Vital Statistics in 1921, the latter for the purpose of obtaining and preserving state records of births, deaths and marriages. A state registrar was authorized, with direction of the Division to begin immediately.

In 1934, the legislature created the Division of Barbers and Beauticians with a State Committee under the State Department of Health, the health commissioner to serve as chairman and ex-officio member of the Committee.

In 1943, the Division of Cancer Control was created to administer the health laws relating to the diagnosis and treatment of patients with cancer. Authority was given to provide educational programs, establish cancer clinics, furnish certain diagnostic service with regard to tissue specimens, and provide surgical, x-ray and radium treatment in indigent and medically indigent cases.

In 1945, the State Department of Health was given advisory medical supervision of state hospitals.

In 1949, a major change was made in the organization of the Department. The legislature enacted a law that year abolishing the Public Health Council and authorizing the organizational change back to the State Board of Health plan, setting up a separate Medical Licensing Board and changing the title "State Health Commissioner" to "State Director of Health." The Board of Health re-created by the 1949 legislature constitutes our present Board, its members numbering nine, appointed by the Governor for a nine year term. Three members must be Doctors of Medicine, one must be a Doctor of Dental Surgery, one a pharmacist, one a hospital representative, one a Doctor of Osteopathy, and two, citizen representatives. Not more than five may be members of the same political party and not more than two may come from the same congressional district. The members receive no compensation for services but are allowed travel and other necessary expenses.

The Board of Health has all the duties, rights and powers of the former Public Health Council except that of licensing physicians, chiropodists and chiropractors. It appoints the State Director of Health for an indefinite term.

Local Health Legislation

1881—Authority given county courts to nominate and the State Board of Health to appoint three persons, one a physician, to serve as a local Board of Health for a two year term.

1887—The number of local Board of Health members was increased to five, one to be the President of the county court, and one the prosecuting attorney. The physician member was made the executive officer and health officer of the county. The jurisdiction of the county board did not cover municipalities having a board of

health, these working directly with the state board.

The 1907 legislature made reporting of communicable diseases mandatory, the reports to be received by the local health boards and transmitted to the state board every three months. Municipalities were authorized to establish boards of health, to be composed of the mayor, the city solicitor and a physician, the physician serving as health officer. All county and municipal health officers were required to meet at least once a year with the State Board of Health or its representative to receive instructions concerning duties and interests in public health.

In 1913, the requisite number of county board members was decreased from five to three. This arrangement exists in certain areas even today. The president of the county court, the prosecuting attorney and the county health officer make up the local board of health in counties in which no organizing has taken place in line with recent permissive legislation. Unfortunately in the case of many of these old boards, the members have not accepted their responsibilities in promoting public health programs in their respective counties.

The 1919 legislature authorized the counties to lay a levy, not to exceed three cents per hundred dollars property assessment, for public health administration. This is the maximum rate permitted today and many counties even do not levy this maximum.

In 1947, it was made legally possible for two or more counties or a county and one or more municipalities to combine for health services, the State Department of Health to contribute two-fifths the amount of the annual budget provided that the plan of cooperation was approved by the State Board of Health.

In 1955, permissive legislation was passed authorizing the county court and one or more municipalities of single counties to set up local boards of health consisting of five members, each of whom must be a citizen and a resident of the county. Not more than three may belong to the same political party and not more than two may be engaged in the same business or profession. The term of office is five years.

During this same legislative session the 1947 Act authorizing multiple counties and municipalities to combine was re-enacted and amended to strengthen it and clarify it and in the process making it mandatory that all combined local units follow its dictates in setting up organizational patterns for the fiscal year 1957.

Significant Public Health Events

In 1903, the death rate of smallpox was reported as being from 12 to 20 per cent of cases. The Board of Health recommended that authorities urge everyone to be vaccinated, and revaccinated at every remotely suspected exposure to the disease.

During January, 1906, a member of the State Board of Health visited Hampshire County to investigate a reported outbreak of smallpox. Nineteen cases were found within a radius of four miles. Quarantine had not been properly enforced due to a difference of opinion regarding the diagnosis. One physician diagnosed the illness as "Cuban itch."

In 1906, the work in the Secretary's office and in the office of the registrar of vital statistics increased to such an extent that the assistance of a clerk was required. A resolution was passed by the Board instructing the Secretary to hire such a person at a salary of $40 per month.

That same year the Pullman Company complained to the Board of Health about carrying a 5 per cent solution of carbolic acid in cuspidors and posting anti-spitting orders in its cars. The Board exempted the Pullman Company from the carbolic acid requirement but stood firm on the anti-spitting order.

The Ohio Valley Electric Railway Company requested that an extension of time to October 1st for compliance with the anti-spitting and the cuspidor order be granted. It cited the fact that during the summer the Company was operating open cars, or closed cars with all windows open, and that therefore there would be less need for cuspidors during the summer months. The extension was granted.

At a later meeting in 1906, the Ashland, Kentucky Board of Health met with the West Virginia Board of Health to voice objection to the requirement of cuspidors in smoking compartments. The railroad company had seats in the smoking compartments parallel instead of transversal. With cuspidors in the aisle, passengers were forced to step over them resulting in soiling of the ladies' dresses. The Board took action to require the railway company to place the seats transversally.

A special meeting of the State Board of Health was called for April 11, 1910, to consider a petition by citizens living on Brooks Street, Charleston. The petition stated that a physician residing in this area kept and maintained a lot on which a number of cows were kept. The citizens petitioned the State Board to take action to abate the

nuisance since the Board of Health of the City of Charleston had taken none. No specific action was taken by the State Board according to the minutes of the meeting.

On July 29, 1912, the State Board adopted a resolution abolishing the common drinking cup.

On November 28 and 29, 1913, the Board of Health held its first meeting, as a school of instruction for local health officers, in the Hotel Chancellor, Parkersburg. Governor Henry D. Hatfield addressed the group. The following topics were discussed:

(1) Typhoid fever and illegal practitioners.
(2) Experience with epidemics of smallpox.
(3) Production and distribution of milk.
(4) Duties and trials of county health officers.
(5) Fads, fakes and faith cures.

At the May, 1914 meeting of the Board, Dr. John N. Simpson, Dean of the School of Medicine, West Virginia University, was made Director of the State Hygienic Laboratory, then located at Morgantown. He and Doctor Jepson, Secretary of the Board of Health, were appointed to formulate rules for governing the laboratory.

This same year, a list of reportable communicable and contagious diseases was approved. The list is very similar to the one used today. Also, in 1914, the appropriation by the legislature for the State Board of Health services remained at $15,000.00.

On July 15, 1914, the Board was informed that plague had entered the United States at New Orleans. The Surgeon General of the U. S. Public Health Service urged "rat extermination campaigns." The health officers along the Ohio River were notified and urged to promote rat destruction programs. It was suggested that Dr. Aaron Arkin, bacteriologist at the state laboratory, be sent to the Ohio River towns to direct the rat killing. This suggestion was not followed because of a lack of funds. The director of the laboratory reported that there was abundant evidence of the presence of hookworm infestation in the Pocahontas coal fields. The director was authorized to hire a typist at a cost not to exceed $30 per month.

On June 11, 1915, the Secretary of the Board was instructed to consider the application of Mayo Tolman of Hagerstown, Maryland, for the position of sanitary engineer at a minimum annual salary of $2,000 with a maximum of $2,500. The Secretary was instructed also to secure at a $2,000 annual salary an "educated' epidemiologist, a doctor of public health preferred. Dr. C. R. Weirich of Wellsburg was employed.

In 1915, the Board resolved to require one year of college work as pre-medical education for the school term of 1916-17 and thereafter, and to permit no graduate of medicine of the class of 1921 or thereafter to take the examination without the one year of college work.

Also, in 1915, the Public Health Council received a letter from Dr. Harriet B. Stone suggesting the establishment of a department of baby welfare. The Council voted that it was not in a position to establish a new department. On July 26, 1915, a letter was sent to the Public Service Commission and the Tax Commission suggesting that since much work done at the state laboratory was for the benefit of these two departments it did not appear improper for them to share the expenses of the laboratory. The record does not show that funds ever were received.

On January 11, 1917, Dr. William W. Golden reported that a poliomyelitis outbreak began in Elkins on December 15, 1916. Fifty cases were reported, with nine deaths. A six weeks' quarantine was imposed beginning on date of onset of disease and two weeks after a death occurred in the family.

On May 10, 1917, Dr. Arthur Lederer was appointed Director and Bacteriologist of the Hygienic Laboratory at an annual salary of $2,700. During that year the budget for the Laboratory was $6,060, with $600 for current expense and the remainder for salaries.

According to the record, the first public health nurse, Mrs. Jean Dillon, was employed December 3, 1918, at a salary of $1,800 per year.

The total expenditures of the State Department of Health for the fiscal year 1919-1920 were:

Administrative	$ 8,170.71
Engineering	7,466.35
Laboratory	6,914.98
Vital Statistics	5,323.62
Child Welfare	3,087.65
Rural Sanitation	1,322.14
Total	$32,825.45

The laboratory receipts equalled $3,861.82.

At the July, 1921 meeting of the Public Health Council, the Health Commissioner called attention to the lack of information concerning the number of cases of cancer, goitre, tuberculosis and trachoma in West Virginia. The Commissioner was instructed to communicate with the secretary of each county medical society to ask all members to assist in obtaining a "reasonably" accurate census in the matter of these diseases.

During this same meeting a motion carried that the Council go on record as opposing the treatment of tuberculosis in general hospitals.

In 1920, there were 2,073 cases of diphtheria and 1,050 cases of typhoid fever reported in West Virginia. In 1927, the earliest record available, 1,099 cases of smallpox were reported. In contrast, in 1955, 20 cases of diphtheria and 39 cases of typhoid fever were reported. No confirmed cases of smallpox have been reported since 1949.

Summary

An attempt has been made to describe the beginning and growth of the public health program in West Virginia during the past seventy-five years. The growth has been slow but permanent. The early activities were limited, because of the lack of knowledge of present day methods in the correction and control of public health hazards.

We have observed the expansion of public health service from that provided by the Board of Health and a part-time Secretary with an annual budget of one thousand dollars to that of a modern public health organization serving two million people with an annual budget from federal, state and local funds of approximately 2½ million dollars and with 400 official employees.

The voluntary health agencies have played a prominent role in the development of public health in West Virginia. These organizations have been extremely helpful in providing funds and personnel for better health protection.

The early concept of protecting the people against communicable and contagious diseases by vaccination, quarantine and improved environmental sanitation has been broadened to include public health services for the promotion of total human efficiency for happier and more healthful living in this nuclear powered, highly industrialized, jet propelled age.

I believe you will agree that public health in West Virginia has grown up. Let us all re-dedicate ourselves to continuing and increasing our support of the many public health services to make our homes and communities more secure in health protection for ourselves, our children, our grandchildren and unborn generations.

I take this opportunity to publicly thank all of the loyal, dedicated workers of the official health team who have so diligently given their services, often without adequate compensation, to make our people of West Virginia more secure in health protection. Also, thanks are extended to all professional and voluntary health workers for their splendid support. Lastly, a special "thank you" to the West Virginia Public Health Association, the program committee, and to all those who have aided in making this observance possible.

The Care of Adolescents

In planning the treatment and management of adolescents' ailments, it is also very important to remember the adolescent's habit of strenuous living. Most of them want to live hard, and most of them do live hard. They just don't play around in the sandbox any more; they don't sit at an office desk; they go at things to win, to succeed. They know that in this highly competitive world one has to be aggressive and go at things hard in order to gain acceptance and prestige.

If there is one thing the adolescent wants, it is recognition and prestige, and this he is never going to get by taking things easy. So in evaluating his knee or his back or his heart, before telling him what he may or should do, it is well to stop to remember that in the first place he is apt to go out from our office and use that heart or back or knee in a much more strenuous fashion than either a little child or we would; and secondly, that in order to gain prestige and acceptance from his own age group, it is usually desirable that he shoud do so.

At least, if he has to be restrained and restricted, we should do what we can to offer some substitute kind of activity in which he may gain success and some degree of applause from his own age group.—J. Roswell Gallagher, M. D., in Journal Med. Assn., State of Alabama.

On Reading a Medical Paper

MEDICAL societies are in a most luxuriant phase; more meetings are being held than ever before. In many metropolitan areas, a little determination can place a physician in at least one scientific meeting a day. With this accelerated state has come increased opportunities for presenting medical observations to fellow doctors, i. e., reading a medical paper.

It has been my feeling that the technique of this significant activity has not received enough attention. One reason is that the audience is largely inarticulate, at least beyond the formality of applause. As a frequent member of this medical audience, I would like to record some thoughts I have had on reading papers. These are personal views, but I have reason to believe they may be commonly held, although infrequently expressed.

The first thing I plead is that I not be overwhelmed by an avalanche of data, observations, and ideas. Many speakers simply crush the average listener with literally hundreds of new facts, all carefully posted on slides. The listener refusing to operate on a Univac level turns off his motors and moves over to a pleasant autistic realm.

The pernicious habit of presenting techniques and detailed data appears to have developed because man is capable of reading aloud at a rate of 200 words per minute. This permits the speaker, if he reads a manuscript, to release the bulk of his findings to the audience. With the use of slides hundreds of numerical figures can be added. All in all, it is a fine *tour de force,* but it often leaves the audience exhausted yet uninformed, or worse, indifferent to the speech.

I would urge that medical talks be talks. As such, they can effectively transmit ideas and leave the audience informed and stimulated. I have long noted how a colleague can enthrall you with his experiences as recounted over the hospital dining room table, yet these same experiences are boring when read as a formalized paper in staff conference. The need to be scientific and precise can at times have a most deadening influence.

Speakers should recognize that the audience is their friend. Give a friendly narrative account, therefore. Remember, no one can truly evaluate your findings on the basis of a talk. He must turn to the published paper for the detailed prolonged study of methodology and data. The short speech serves solely to transmit your singular idea on the topic. The longer speech should be used to present a broader concept or scheme of things rather than the showy display of even more data in depth.

Be sympathetic to the fact that the live audience has no real power to skim or skip, so that the speech should be a significant one. Too often speakers request or accept program time for the presentation of data which is better never presented verbally. I refer to the negative finding, the reference data of interest to very few, and finally to the "ectopic paper" floundering before the wrong society. A brilliant address on backgammon will be poorly received by the philatelic society, although clever titling may win it a place on the program.

I will count myself fortunate at the next meeting I attend if at least one of the speakers talks as one who wants me to know and to feel the native simplicity of his particular idea. The idea should take precedence over the smothering data, oratory, and elegant phrasing which so often accompany the reading of a paper.—Walter B. Shelley, M. D., in Pennsylvania Medical Journal.

The President's Page

Guest Author, Edward J. Van Liere, M. D., Dean,
West Virginia University School of Medicine
Morgantown, W. Va.

The invitation to write a guest editorial for the President's Page is keenly appreciated. I wish to discuss our medical school seminars.

For over twenty years the School of Medicine has held semi-monthly seminars, numbering from 12 to 14 during the academic year. For the past few years the presidents of our State Medical Association have been guest speakers. The students and faculty always look forward to this particular seminar. The students are given an opportunity to become acquainted with our own state leaders of organized medicine, and the faculty, to renew acquaintanceship.

It has always seemed important to me that medical students, in their formative years, should see and hear the leaders in medicine, particularly in their own state. In just a few years these students will be practicing members of our profession and can build on the traditions and ideals presented to them by our present leaders. This happy chain of events is sometimes not recognized for a long time by the participants, but it happens often enough to make one respect its importance.

Doctor Lutz has graciously consented to present a seminar this autumn. Thus, he continues the tradition (and helps to establish firmly) that the medical school will be given each year the privilege to hear the president of the West Virginia State Medical Association discuss some phase of medicine.

It was my very great pleasure to appear as a guest speaker before the monthly seminar of the West Virginia University School of Medicine, held in Morgantown on Friday afternoon, October 5, 1956. While my subject was "The Family Doctor," I also discussed the Blue Cross-Blue Shield program in West Virginia. It was a most enjoyable experience for me, and I was delighted to make the acquaintance of the students enrolled in the School of Medicine, many of whom I hope will locate for practice in West Virginia.—Athey R. Lutz, President.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

EDITORIALS

NARCOTIC PERMIT A TRUST

When a West Virginia doctor secures his narcotic permit, he does so with every intention of complying with the regulations of the Harrison Narcotic Law. He is bound both by honor and by law to dispense narcotics only within the limitations provided. However, in spite of honest intentions, many physicians run afoul of the law and bring dishonor and censure upon themselves and their profession.

How does it happen that at every quarterly meeting of the West Virginia Licensing Board not one, but several, physicians are summoned to appear because they have been found guilty of infractions of the narcotic law?

Possibly much of the trouble arises from ignorance of the law. Some physicians still believe there is such a thing as a "registered addict," and that this addict may legally receive narcotics through his physician for an indefinite time. The Bureau of Narcotics "has never sanctioned or approved the so-called reductive ambulatory treatment of addiction for the reason that where the addicts control the dosage, he will not be benefited or cured."

In the case of Hobart vs. United States, the Court ruled that "the issuing by a physician of frequent prescriptions for morphine to a known addict, who is not under restraint, is not within the exemption of Harrison Act, sec. 2, but is a violation of the act.

"Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure, except in a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict."

Addicts will frequently state that they are awaiting admission to a hospital or sanitarium for treatment and thus dupe the physician into prescribing drugs for an indefinite time. This can only lead to investigation by the Narcotic Inspector and subsequent summons to appear before the Medical Licensing Board.

The best way for a physician with a narcotic permit to avoid infringement of the law is to understand it thoroughly and, by keeping accurate records of all purchases and dispensing, to make sure his narcotic ledger is in balance at all times. The narcotic permit is a trust which must be faithfully kept to avoid abuse and censure.

A GIANT PASSES

Dr. Anton J. Carlson, 81, professor emeritus of physiology at the University of Chicago, died September 2, 1956, at the Billings Hospital in Chicago. Doctor Carlson was internationally known as a physiologist and teacher.

He was born on a farm in Sweden in January, 1875. His was a humble start, for in the morning of his life he served as

a goatherd. At the age of 16 he emigrated to this country. He received his bachelor's and master's degree at Augustana College and his doctorate at Stanford University. He went to the University of Chicago in 1904 and served on the faculty there until the time of his retirement in 1939 at the age of 65.

Doctor Carlson was a man of exceptional ability: a research scientist, an inspiring teacher, a writer, an editor, and a public speaker. He was endowed with a profound mind and a strong body. His contributions to science were many. His researches were concerned with the physiology of the heart, the gastro-intestinal tract, glands of internal secretion, nutrition, alcoholism, and problems of ageing. He held high office in many scientific societies.

Stories about Doctor Carlson are legion, and it is to be hoped that some day a capable writer will prepare his biography. One story about him which received wide publicity concerned a conversation of his with an enthusiastic believer in mental telepathy, who lived in Kansas. This individual told Doctor Carlson that on a certain night at exactly nine o'clock he experienced a strong feeling that his mother, who resided in New York, needed his help. The next day he learned that exactly at nine o'clock in the evening his mother had fallen downstairs. When the disciple of mental telepathy asked Doctor Carlson what he thought, Doctor Carlson instantly replied that the thing which first occurred to him was that there was an hour's difference between eastern and central standard time.

Doctor Carlson was a man of high integrity and a lover of truth. As has been pointed out many times his favorite expression was, "Vot is the evidence?" He was one of the most colorful figures in the field of the biological sciences and it is tenable to predict that it will be a long time before another such individual in the field of biology takes hold of the minds and imaginations of so many people.

TUBERCULOSIS STILL A MAJOR PROBLEM

At the recent annual meeting of the West Virginia Tuberculosis and Health Association it was clearly stated that despite the falling mortality rate, tuberculosis continued to be a major problem because of the stationary morbidity incidence.

Although there are 400 vacant beds in our State Sanatoria, there are many hundreds of people on home treatment. The shift from institutional to home treatment has developed as a result of the efficacy of the anti-microbic therapy of disease.

In this situation it should be restated that the communication of tuberculosis from patient to contacts places upon the home physician a double liability. The physician is responsible not only for the patient's welfare, but he must also be accountable for the spread of disease to innocent contacts. It is agreed that almost all cases of open tuberculosis should be hospitalized.

Case finding in tuberculosis has many productive outlets. The investigation of the close contacts of a newly discovered open case of disease is imperative. Mass x-ray surveys are helpful, but the net results are becoming smaller. Routine chest x-rays of all hospital admissions is five to ten times more productive than mass surveys.

The doctor's office remains the most useful place for the finding of new cases. Prompt x-ray studies of new patients and all those with any suggestive complaints and routine sputum studies for bacillus tubercle for all patients with expectoration, will net greater gains than any method at our disposal.

FOREIGN DOCTORS FILL VOID

Foreign trained doctors are coming to the United States in increasing numbers. It is estimated that in 1956 between 5,000 and 6,000 doctors will enter the country. This compares with a total of 6,977 students who graduated from our own medical schools this year.

Of 25,000 doctors licensed and practicing in New York state, more than one-fifth are foreign trained, and of the doctors in general practice, more than one-third are foreign trained.

In 1955-56 there were 52 alien physicians on the house staffs of approved hospitals in West Virginia. This state ranks second in the nation in the percentage of foreign graduates employed in private and state hospitals. In view of the relative lack of training of many foreign physicians, this high percentage of employment in West Virginia may seem deplorable, but it is to be recognized that the foreign trained physicians do fill a void in the hospitals of our state. They are not keeping United States trained doctors out of positions because there are not a sufficient number of native doctors to fill the jobs.

The percentage of foreign trained doctors in our state hospitals is very high, but it is in many instances the only medical service available to these state institutions. Perusal of the want ads in the JAMA and specialty journals will indicate

that other states are offering up to twice the salary and emoluments given to resident physicians in our state hospitals.

Under the provisions of our Medical Practice Act, most of the foreign trained graduates now employed in West Virginia will never be eligible for West Virginia medical licensure; so we are in the position of permitting medical practice within our hospitals by individuals who are not sufficiently trained to acquire a legal license to entitle them to engage in private practice.

At this time, the only solution to the problem is to provide for an increase in salary and emoluments of the resident physician to the level where these positions will become attractive to United States trained doctors.

CARBON MONOXIDE POISONING

Now that cold weather is at hand it is timely to consider the menace of carbon monoxide poisoning. Although there is virtually no carbon monoxide in the natural gas in West Virginia, it may be formed if combustion is not adequate. Many cases of accidental carbon monoxide poisoning are due to poorly adjusted gas heaters. Another frequent cause of fatalities is the incompletely combusted gas from automobile engines.

There are always individuals who insist upon "warming up" their automobile motors with the garage doors closed. This is, of course, nothing short of suicide. Depending upon the efficiency of the engine, the exhaust from the average automobile contains between 0.5 per cent and 15 per cent of carbon monoxide. It is obvious that if the garage doors are closed and the engine started, the air will soon contain a highly dangerous concentration of carbon monoxide.

It has been determined that if over half of all the hemoglobin in the body is united with carbon monoxide, the patient will lose consciousness. Even a concentration of less than 0.1 per cent in the ambient air can bring this about, because carbon monoxide-hemoglobin is a relatively stable compound compared to oxy-hemoglobin. There is a wide individual variation, but, roughly speaking, headache may be produced by saturation of 30 to 40 per cent of the existing hemoglobin; unconsciousness will ensue with a saturation of 50 to 60 per cent; and a saturation of 75 per cent is usually fatal.

If a patient is removed from the contaminated area and allowed to breathe normal air, the carbon monoxide in the blood is gradually eliminated. This will take place at a much faster rate if pure oxygen is administered.

There is always the danger that individuals who have been exposed to a dangerous concentration of carbon monoxide, but who later recover consciousness may suffer irreparable organic brain damage. This may manifest itself in a pronounced change in the personality or even a grave mental disorder. On this account alone great precaution should be exercised to prevent carbon monoxide poisoning. For the main part, if reasonable precautions are taken, most cases of carbon monoxide poisoning can be avoided.

A TIME TO GIVE

No individual, no family, no community is immune to trouble. A child is stricken by a crippling illness, a heart fails, a cancer cell plays havoc with a once healthy body. A storm or a flood disrupts an entire city. Old people grow lonely, boys and girls become restless.

The new industry, new highway or housing development that means progress for a community can also mean trouble if dislocations or increased population are not accompanied by adequate health and welfare services.

Making certain that these adequate health and welfare services are available in time of need is everybody's business. The tax dollar and the service fee can only reach so far. It is the voluntary social service agency, supported and operated by and for the community that must meet the need.

The time to meet that need is now. In some 2,000 communities throughout the United States and Canada, united community campaigns are now in progress to raise an aggregate goal of more than 340 million dollars. When you are asked to contribute to your town's United Fund or Community Chest campaign, remember that you are giving to many causes . . . both at home and abroad. The need is great . . . the responsibility is yours.

Mechanical Suffocation

Mechanical suffocation leads the list of fatal home accidents of infants. Despite evidence indicating that many of the deaths attributed to this cause are actually overwhelming respiratory infections, the safety precautions associated with this type of accident are still of primary importance.

Give the baby his own little bed, even if it is merely a basket, box, or bureau drawer. Keep the bed bare of pillows and other bed linens that might cause suffocation.—J., Med. Assn., Georgia.

GENERAL NEWS

Record Attendance at 9th Annual Rural Health Conference

Disagreeable weather failed to dim the enthusiasm of the 175 persons who attended the ninth annual Rural Health Conference at Jackson's Mill on Thursday, October 4. The figure represents the largest attendance ever recorded at any of the nine conferences held at Jackson's Mill.

The conferences are sponsored annually by the West Virginia State Medical Association, with the active cooperation of the West Virginia Farm Bureau, the Agricultural Extension Division of West Virginia University, the West Virginia Congress of Agriculture, the West Virginia Home Demonstration Council, and the State Department of Health.

The principal speakers were Dr. F. S. Crockett of Lafayette, Indiana, chairman of the American Medical Association's Council on Rural Health, and Mr. Aubrey D. Gates of Little Rock, Arkansas, field director of the Council. Doctor Crockett is also vice president of the AMA, having been elected to that office at the annual meeting last June.

Dr. J. C. Arnett Presides at Meeting

The meeting was called to order by Dr. Jerome C. Arnett of Rowlesburg, chairman of the State Medical Association's Rural Health Committee. The Assembly Hall was filled at the opening of the meeting despite the early morning rain and heavy fog which made the trip to Jackson's Mill unpleasant, especially for those who traveled from the extreme northern and southern areas of the state.

Dr. F. S. Crockett of Lafayette, Indiana, left, and Mr. Aubrey D. Gates of Little Rock, Arkansas, center, chairman and field director, respectively, of the AMA's Council on Rural Health, confer with Dr. J. C. Arnett of Rowlesburg, the chairman of the State Medical Association's Rural Health Committee, prior to the opening of the Conference.

Morning Workshop Sessions

The morning session of the one-day meeting was devoted to four workshops dealing with various problems of rural health in West Virginia. The following topics were discussed at the workshops:

(1) Youth—"How Can We as a Group Contribute to Rural Health?" (2) Physicians—"The Role of the Family Physician in Rural Health," (3) Public Health—"The Role of Public Health in Rural Health Service," and (4) Hospital and Nursing Care Facilities.

Each of the workshops attracted a proportionate number of the conference participants, and discussions continued until noon when those attending the meeting adjourned to the Mount Vernon Dining Hall for lunch as the guests of the State Medical Association.

Address of Welcome by Doctor Lutz

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, was introduced by Doctor Arnett and delivered a short address of welcome at the opening of the afternoon session. He called upon those present to work toward the prevention of accidents which he said had increased at an alarming rate in the rural areas, as well in urban areas. He cited the fact that injuries sustained as the result of tractor mishaps rank right behind those caused by automobile accidents and by persons falling from heights.

Doctor Lutz pointed out that while great strides have been accomplished in the prevention of disease, the people of this country are still not doing all that might be done to help rehabilitate the handicapped. He said that there have been several rehabilitation centers established in West Virginia and that physicians and other interested groups should see to it that the handicapped receive the treatment that can be afforded them by specially trained personnel at these centers.

He thanked those present for taking time out from their busy schedules to come to the conference, and urged that they return again next year.

Doctor Crockett Addresses Conference

The principal address was delivered by Doctor Crockett, who pointed out that "this is the fourth time I've been to conferences at this beautiful spot, and I plan to return because I like West Virginia hospitality."

He said that he was at the conference as an official spokesman for the American Medical Association, with a membership of more than 160,000 physicians in this country. He said that it is these physicians whom the people call upon each day to do the bulk of the work in safe-guarding the health of the country.

He urged everbody to make an effort to go to the physician's office instead of calling him to their homes, especially in the rural areas.

"Every person needs a physician who can treat us with 1956 medicine," he said. "He can give you this treatment in an office where he has the facilities and necessary instruments and medicines. He cannot carry these things with him to your home. A doctor is human and can last only so long under such a strain."

Changes in Practice of Medicine

The speaker reviewed the changing scene in the practice of medicine in the past 50 years, noting that many such changes have taken place from the time of the horse and buggy days through to the automotive age. He said that following World War II there was a definite trend for the physician to move from the rural areas to the more comfortable surroundings found in large cities.

The speaker emphasized the fact that the market for specialists in the metropolitan areas is diminishing and that many of these physicians are relocating in rural and semi-rural areas where there is a much greater need for their services. He also said that this trend is likely to continue in future years.

Doctor Crockett reviewed the problems connected with a community's efforts to attract a physician to a small town. He reemphasized the importance of making it possible for a young man just out of medical school to practice medicine in a modern manner, and not as it was done years ago.

The speaker also said that persons living in a small community should take it upon themselves to make the town attractive to the physician. This involves providing a hospital or clinic where he can treat his patients, good churches for worship, good schools, and even good public utilities. He said these are the first things a physician and his wife justifiably expect to find before deciding where to locate for practice.

The high ranking AMA official concluded his talk by thanking all those present for inviting him to Jackson's Mill. He said that he "even enjoyed all the rain," as there had been a drought in his home state of Indiana.

Doctor Crockett, left, discusses improvements made in medical care in rural areas with Dr. Athey R. Lutz of Parkersburg, right, president of the West Virginia State Medical Association, and Dr. Andrew E. Amick of Lewisburg, a past president of the Association.

Aubrey Gates Conference Moderator

Mr. Aubrey D. Gates, the moderator, spoke briefly before asking for reports from the recorders of the morning workshops. Doctor Arnett introduced Mr. Gates as the "Arkansas Traveler," pointing out that the rural health field director had traveled more than a million miles by air to participate in meetings over the country.

The first report was made by Richard Brooke of Lumberport, who served as recorder of the workshop on "Youth." He said that one of the most important subjects his group discussed was the lack of formal health education in high schools.

Health Education Stressed

"It is very important that high school students receive this training," he said. "Students in elementary and junior high schools are given this instruction, but at the present time there are few health education courses taught in the high schools."

Mr. Brooke also said that his group felt that all high schools should provide "hot lunches" for their pupils. "There are many schools still without the hot lunch program which helps to provide a balanced diet for students who do not get the proper food at home."

The morning session at the Conference was devoted to workshops on various rural health problems. In the picture at the left, the participants in the workshop on "Youth" listen to a discussion led by Miss Ruth Kiester of Upper Tract, right, who served as leader, Mr. Richard Brooke of Lumberport, recorder, and Martha J. Coyner, M. D., left, resource representative. In the picture at the right, the discussion of the "Role of The Family Physician in Rural Health" is led by Dr. H. B. Allen of Morgantown, left. Mrs. Eugene A. Tuckwiller, right, of Lewisburg was the recorder and J. C. Huffman, M. D., of Buckhannon, center, resource representative.

He said it was important that parents begin the health education of their children in the home. "If the parents do not know themselves, then they must also be educated along with the child."

Better Health Through Public Health

David L. Griffith of Charleston, director of health education, State Department of Health, reported for the group which considered "Public Health." He said that his workshop agreed that these rural health conferences should serve as a forerunner to provide better health services in the state, particularly in the rural areas.

Mr. Griffith called upon those attending the conference to take the initiative in their own community's efforts to promote better health. This can be accomplished, he said, by sitting down with interested groups and mapping plans for a constructive health program.

He also said that the communities should not expect the members of the medical profession to take too active a part in these programs, as they have "their hands full taking care of sick people."

Reporting that the subject of preventive medicine had been discussed, Mr. Griffith said that "we should begin with the preventive aspect of medicine in our instruction instead of waiting until people are too old and too sick for it to do them any good. It is very important that rural communities adopt this philosophy and utilize the facilities available for instructing and treating the ill person."

Mrs. Marie McDougal of Mannington, who served as recorder for the "Hospital and Nursing Care Facilities" workshop, said that there is a need for state health nurses to "train persons to take care of the sick and aged in homes and clinics." She also said that programs should be set up to attract persons to the practical nurses' field, along with establishment of more diagnostic clinics.

She said her group noted that there has been a definite trend toward the privately owned hospitals being converted into non-profit hospitals. It was brought out that the principal reasons underlying this transfer to non-profit hospitals were high taxes and the enormous amount of money required to build a hospital.

Patient and Physician Relationship

"The need for a better understanding between physicians and the general public" was a point emphasized by Mrs. Eugene A. Tuckwiller of Lewisburg, recorder for the workshop on "The Role of the Family Physician in Rural Health."

She said that "most people seem to have a chip on their shoulders when they speak of the physician and, in turn, the physician has the feeling that people expect too much from him. Continuing, she said that a better understanding between the general public and the physician will eliminate this specific obstacle standing in the path of promoting better health.

Mrs. Tuckwiller said that a physician will be happy to talk with his patients about his fees or "any other misunderstanding that the patient may have concerning what he should expect from the physician in the way of medical care."

She also stressed the importance of having a family physician. "He will get to know you and your family, and will know your history well enough to take care of you when any unforseen emergencies develop. If he thinks you should see a specialist, then he will know whom you should consult much better than yourself."

Personal Health Record

The group also recommended that everybody keep a record of past illnesses and immunizations. In this way, a person moving from one community to another would be able to provide his new physician with a complete health record card.

"If you do not have a family physician, or if you move to another town," Mrs. Tuckwiller pointed out, "then you should consult the local medical society in your town for information concerning a good family doctor.

"The best way to eliminate the shortage of physicians in rural areas is by group action. It is up to various civic organizations to make the prospective physician feel that he is definitely wanted and needed, and that he will have good schools, a place to worship, and generally a good atmosphere in which to bring up his family."

Interesting Question and Answer Period

Mr. Gates complimented the recorders for their comprehensive reports, and further stated that "these were the finest set of reports from a group of recorders I've ever heard." He immediately turned the program into a question and answer period with full audience participation.

One of the younger participants asserted that "the communities interested in promoting better health should call upon their younger citizens to help get the job accomplished." She said the younger people have a lot of energy and are willing to work. "Let us help you in your programs and I think you will find us very responsive."

She also said that members of the youth groups such as 4-H Clubs would be only too happy to work in cooperation with the public health people. She pointed out that the slogan for this year's 4-H program is "4-H is Wise . . . Sanitize."

The milk program was discussed by several members of the audience. They pointed out that only one-fifth of the money appropriated by the federal government for milk programs in West Virginia schools had been used in past years. They noted that there was an increase of 66 per cent last year, but that still only one-half of the money available is being used.

Promotion of 'Free Milk Program'

There were a number of reasons advanced for this failure to promote the milk program in schools, ranging from the volume of bookkeeping required on the part of the teachers to the fact that children in rural areas do not like white pasteurized milk, preferring instead the chocolate flavored milk.

It was agreed that the participating groups should go to the principals of schools where the milk program is

Miss Gertrude Humphreys of Morgantown, State Leader, Home Demonstration Agents, discusses problems of rural health in this state with Aubrey D. Gates during a break in the Conference proceedings.

not in operation and offer their help in setting up the program and providing the necessary bookkeeping that is involved.

Health Education in Schools

During a discussion of the need for more health education in high schools, Dr. Fred J. Holter of Morgantown explained why the program is not a success. "In the first nine grades," he said, "this work is done by the classroom teacher who is close to the children throughout the day. Then when the student moves into high school, he becomes more specialized in textbook work and that close relationship between teacher and pupil is lost."

Doctor Holter, who is professor of health education at West Virginia University School of Physical Education and Athletics, as well as health education consultant to the state department of health, said that the ideas advanced at the conference should be carried out on the local level by planning committees in every part of the state.

"We should either extend existing committees, or set up machinery to give this whole rural health problem some continuity," he said.

The participants at the conference unanimously agreed that the young people in the various so-called youth groups should be given more responsibility in programs to promote better health in their communities. Likewise, it was urged that school superintendents and principals be invited to attend next year's conference, as their role in health matters is equally as important as the physician, health nurse, or members of other participating groups.

In his closing remarks, Mr. Gates thanked all those present for helping to make the meeting a success, and asked that they return home and work in a united effort to promote better health programs in their respective communities.

Increase in Hospital Population

American Hospital Association statistics indicate that there were more hospital patients in 1954 than ever before. In 1954, there were 20,345,431 persons hospitalized—an increase of 161,604 over 1953's total.—R. N.

National Foundation Names New Medical Director

Dr. Thomas M. Rivers of New York City assumes his official duties on November 1 as medical director of the National Foundation for Infantile Paralysis. He served as vice president of the Rockefeller Institute for Medical Research prior to joining the staff of the National Foundation as assistant to Basil O'Connor, president of the March of Dimes organization.

He succeeds Dr. Hart E. Van Riper, who resigned to accept the post of medical director of Geigy Pharmaceuticals of Ardsley, New York. Doctor Van Riper had been a member of the Foundation staff since 1945, and was appointed medical director in 1946.

Tribute to Doctor Van Riper

In announcing the resignation of Doctor Van Riper, Mr. O'Connor said, "All of us regret his departure exceedingly, after 11 fruitful years with the National Foundation. We were fortunate to have had such a dedicated and gifted physician at the helm of the medical department during the crucial years of vaccine development and improved patient care."

Continuing, Mr. O'Conner said, "we also are fortunate that, in these years, Doctor Rivers worked closely with Dr. Van Riper, so that the continuity of our still unfinished fight against polio will not be broken."

Mr. O'Connor said that Doctor Rivers has been closer scientifically to the development and testing of the Salk vaccine than anyone except Dr. Jonas E. Salk, himself.

Doctor Rivers graduated from Emory College in 1909 and received his M. D. degree from Johns Hopkins University School of Medicine in 1915. He served in both World War I and II, and for his achievement as commanding officer of the United States Naval Medical Research Unit No. 2 on Guam was made a Commodore in 1945 and given the Legion of Merit Award. In 1955 he attained the rank of Rear Admiral in the Navy Medical Corps Reserve (Retired).

National Foundation Fellowships

The National Foundation for Infantile Paralysis has announced that the deadline for submitting applications for postdoctoral fellowships is December 1. Applications submitted before that date will be considered by the appropriate National Foundation committee in February.

The following postdoctoral fellowships are available: (1) Rehabilitation, either the concept and basic techniques applied to specialized fields in medicine, or for preparation in the specialty of physical medicine and rehabilitation; (2) psychiatry; (3) orthopedics; (4) management of poliomyelitis; (5) preventive medicine; and (5) postdoctoral training in research and/or academic medicine.

Further information may be obtained by writing the Division of Professional Education, National Foundation for Infantile Paralysis, 120 Broadway, New York City, N. Y.

GP Postgraduate Meeting Planned For Martinsburg, Dec. 2

A postgraduate institute (regional meeting), sponsored by the West Virginia Chapter of the American Academy of General Practice and the Eastern Panhandle Medical Society, will be held at the Shenandoah Hotel in Martinsburg on Sunday, December 2, beginning at 10 A. M.

The lecturers who will appear on the program have been voted best in their respective categories, or as best all around lecturers, by a poll of seniors in the various medical schools that will be represented on the program.

This will be the first all-day meeting to be held anywhere in the country on the basis of the survey of seniors recently completed.

The following program, arranged by the program chairman, Dr. Halvard Wanger of Shepherdstown, will be presented during the morning and afternoon sessions:

"The Diagnosis and Treatment of Sciatica."—Bernard J. Alpers, M. D., Professor of Neurology, Jefferson Medical College of Philadelphia.

"Poisoning in Children."—John E. Bradley, M. D., Professor of Pediatrics and Head of the Department, University of Maryland School of Medicine.

Robert J. Coffey, M. D., Professor of Surgery and Head of the Department, Georgetown University School of Medicine, Washington, D. C. (Subject to be supplied).

Eleanor Delfs, M. D., Associate Professor of Obstetrics, the Johns Hopkins University School of Medicine, Baltimore. (Subject to be supplied).

"Obesity."—William Parsons, M. D., Professor of Medicine and Head of the Department, University of Virginia School of Medicine, Charlottesville, Virginia.

"A Rational and Aggressive Plan for the Management of Acute Upper Gastro-Intestinal Hemorrhage."—Charles M. Thompson, M. D., Professor of Medicine and Head of Department of Gastroenterology, Hahnemann Medical College of Philadelphia.

"Modern Concepts of Toxemias of Pregnancy."—Washington C. Winn, M. D., Professor of Obstetrics and Assistant Professor of Gynecology, Medical College of Virginia, Richmond, Virginia.

Booklet on Health Film Sources

A booklet which will be of interest to program chairman of county medical societies has been prepared by the AMA's Council on Scientific Assembly. Entitled, "A List of Sources of Films on the Subject of Health," the booklet includes the sources of motion pictures on the subject of health which have come to the attention of the Council.

The booklet is arranged in three parts: (1) Loan, rental and sales libraries; (2) state health department film libraries; and (3) catalogs and special film lists. Interested physicians should write directly to the sources listed.

Copies of this booklet may be obtained by writing the AMA Motion Picture and Medical Television, 535 N. Dearborn St., Chicago 10, Ill.

PG Course on Chest Diseases, Nov. 12-16

The Ninth Annual Postgraduate Course on Diseases of the Chest, sponsored by the Council on Postgraduate Medical Education of the American College of Chest Physicians, will be held at the Park Sheraton Hotel in New York City, November 12-16, 1956.

Full information concerning the course, tuition, etc. may be obtained by writing the American College of Chest Physicians, 112 E. Chestnut Street, Chicago 10, Illinois.

Relocations

Dr. E. J. Vogeler, Jr., of Charleston, who has served for the past year as supervising psychiatrist for female services at the Territorial Hospital in Kaneohe, Hawaii, has returned to Charleston. He has reopened his offices at 1109 Lee Street, where he will continue the practice of his specialty of psychiatry.

* * * *

Dr. W. D. Irvine of Lewisburg has moved to Beckley, where he is serving as a member of the staff of Beckley Memorial Hospital.

* * * *

Dr. Robert G. Shirey of Union has moved to Lewisburg, where he will continue in general practice.

* * * *

Dr. Dominic Brancazio of Weirton has located in that city for general practice, being associated with Dr. Ray S. Greco, with offices at 2416 Pennsylvania Avenue.

Change of Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

Medical Meetings, 1956-57

The following is a partial list of national, state and district medical meetings scheduled for 1956-57:

Nov. 7-9—Am. Coll. Cardiology, New York City.
Nov. 12-15—Southern Med. Assn., Washington, D. C.
Nov. 12-16—ACCP PG Course, Diseases of the Chest, New York City.
Nov. 12-16—Am. PH Assn., Atlantic City.
Nov. 27-30—AMA Clinical Session, Seattle.
Nov. 28-30—Am. Coll. Ob. & Gyn., Chicago.
Dec. 1—Golden Anniversary, E. Panhandle Med. Soc., Martinsburg.
Dec. 2—Regional Meeting, W. Va. Chap. AAGP, Martinsburg.
Jan. 7-9—Medical Licensing Board, Charleston.
Mar. 15-16—W. Va. Chap., ACS, White Sul. Spgs.
June 3-7—AMA Annual Meeting, New York City.
Aug. 1-3—W. Va. Hospital Assn., White Sul. Spgs.
Aug. 22-24—W. Va. St. Med. Assn., White Sul. Spgs.

State Physicians to Present Papers At Southern Medical Meeting

The medical profession in West Virginia will be well represented on the scientific program of the "Golden Anniversary" meeting of the Southern Medical Association in Washington, D. C., November 12-15.

Dr. James S. Skaggs of Charleston will lead a discussion on two papers to be presented before the Section on Allergy on Tuesday morning, November 13. That same morning, Drs. John A. B. Holt and William C. Morgan, Jr., both of Charleston, will present a paper on "Fungi in Otitis Externa" before the Section on Ophthalmology and Otolaryngology.

Dr. George Miyakawa of Charleston will present a paper on "Patellectomy" before the Section on Orthopedic and Traumatic Surgery on Wednesday morning, November 14. A motion picture on the subject will also be shown.

Dr. V. E. Holcombe of Charleston, a member of the Council, and Dr. Walter E. Vest of Huntington, a member of the six-member board of trustees, are both expected to attend the meeting. Doctor Vest is a past president of the Association.

3,000 Physicians Expected To Attend

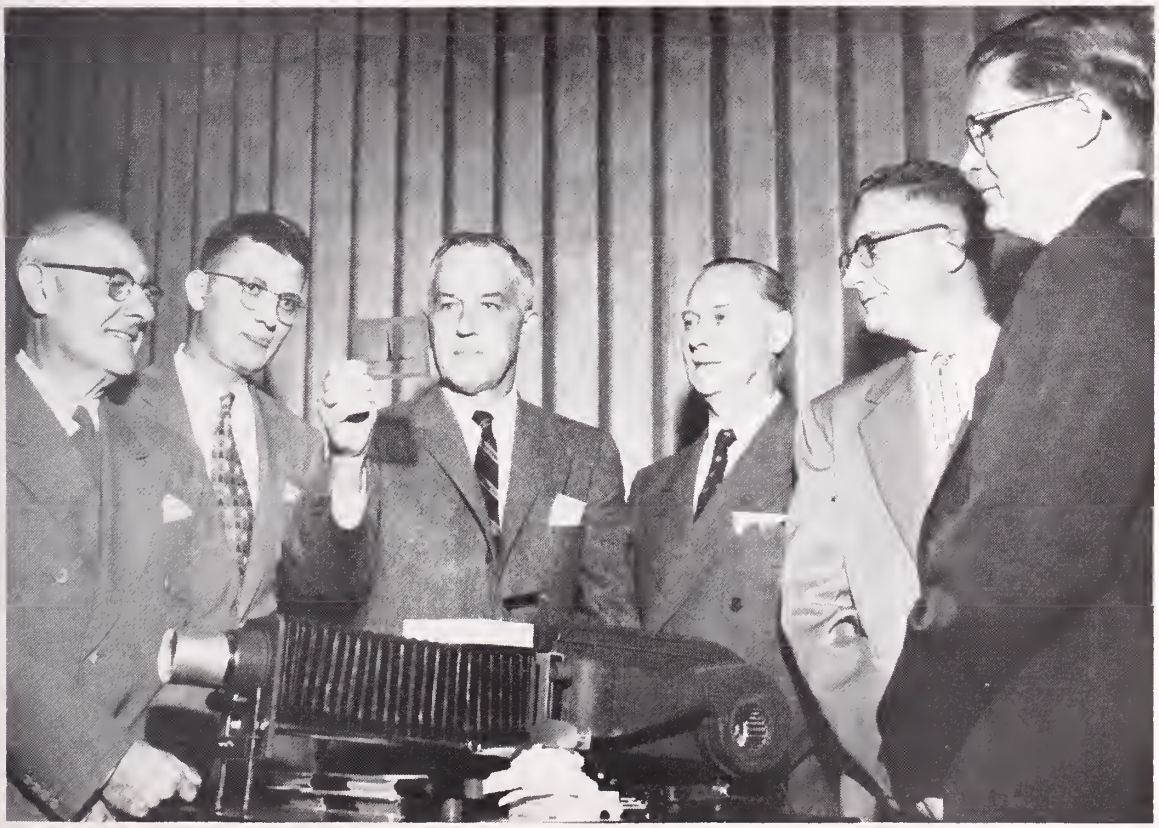
More than 3,000 physicians are expected to attend the four-day meeting which will mark the 50th anniversary of the founding of the Southern Medical Association in 1906. A special anniversary program was held at the Read House in Chattanooga, Tennessee, October 2-3, which was exactly 50 years from the day the founders met and adopted a constitution and by-laws for the Association.

One of the highlights at the Washington meeting will be the presentation of a Distinguished Service Award to a physician-member of the Association for outstanding contributions to the advancement of medicine. The award will be made to some member for outstanding and meritorious work done in a particular field of medicine or its related and ancillary sciences.

Dr. J. P. Culpepper, Jr., New President

Headquarters for the meeting will be in the Sheraton-Park Hotel. The first general session will be held in the Grand Ball Room at the Mayflower Hotel on Monday evening, November 12, and the second and final general session at that hotel on Wednesday evening, November 14.

Dr. W. Raymond McKenzie of Baltimore, president of the Southern Medical Association, will deliver his presidential address at the first general session Monday evening. Dr. J. P. Culpepper, Jr., of Hattiesburg, Mississippi, will be installed as president of the Association at the second general session on Wednesday evening.



Physicians from various sections of the state attended the regional meeting of the American College of Physicians at the Daniel Boone Hotel in Charleston on September 29. Dr. Paul H. Revercomb of Charleston, West Virginia Governor of the ACP, is shown discussing a slide with several of the speakers on the program. Left to right, Dr. William M. Sheppe and Dr. J. Speed Rogers of Wheeling, Doctor Revercomb, Dr. Wallace M. Yater of Washington, D. C., secretary-general of the American College of Physicians, and Dr. Richard N. O'Dell and Dr. D. Franklin Milam of Charleston. (Photo courtesy of The Charleston Daily Mail).

Dr. David B. Allman of Atlantic City, New Jersey, president elect of the American Medical Association, will also deliver an address at the second general session. His subject will be, "Who Will Carry the Torch?" The presentation of the Distinguished Service Award will be made that evening.

Dr. Oscar B. Hunter, Jr., of Washington, general chairman of the executive committee, has announced that more than 300 papers will be presented during the Association's Scientific Assembly, which includes 20 specialty sections.

Doctor Hunter also announced that there will be official tours of Washington and vicinity, including the medical facilities. A golf tournament for physicians will be held at the Kenwood Golf and Country Club in Bethesda, Maryland, on Monday, November 12.

Annual Meeting of Auxiliary

The Woman's Auxiliary will hold its 32nd annual meeting in Washington conjointly with the Southern Medical Association. Several members of the Woman's Auxiliary to the West Virginia State Medical Association are expected to attend the meeting.

Mrs. Ross P. Daniel of Beckley is second vice president of the organization, and Mrs. Samuel DuPuy of Scarbro is a member of the Council. Two of the past presidents of the Auxiliary are from West Virginia. Mrs. John P. Helmick of Fairmont served two terms as president in 1944 and 1945, and Mrs. V. E. Holcombe of Charleston was the president in 1952.

Second Annual Farm-City Week, November 16-22

The second annual national Farm-City Week, sponsored by the Farm-City National Committee, will be observed November 16-22.

The American Medical Association, as a member of the committee, is asking each of its supporting units to enter into this observance wholeheartedly. It is felt that the success of the movement will depend upon the ideas, manpower and cooperation of all the organizations interested in building better relationships between town and country.

The following topics have been suggested by the AMA Council on Rural Health for emphasis during the week of the observance:

Child welfare; nutrition; physician procurement; preventive medicine; budgeting for medical expenses; environmental and rural sanitation; mental health; animal diseases related to man; effect of soils on nutrition; university extension health programs; and health education among 4-H, FFA, Boy and Girl Scouts, and other youth groups.

Kiwanis International, through its 4200 clubs, will again spearhead local activities while serving as coordinator. "Farm-City Week" was a success in 1955, and the AMA has expressed the hope that even a greater number of physicians will help activate the 1956 program.

The chairman of Region I, which includes West Virginia, is Mr. John T. McCarty of the Community Relations Development of General Electric, 570 Lexington Avenue, New York City.

The AMA Department of Public Relations is making a strenuous effort to enlist the support of all members of the American Medical Association in the work incident to the observance this year. The West Virginia State Medical Association has been asked to request members who reside in communities where Kiwanis International has a local group to volunteer their services and thus help to make the observance a success.

Carl D. Drewry Named President Of Hospital Association

Carl D. Drewry, administrator of Raleigh General Hospital, Beckley, was installed as president of the West Virginia Hospital Association at the annual meeting held in Parkersburg, October 11-12. He succeeds James E. Huson of Parkersburg.

A. C. Weaver, administrator of Charleston General Hospital, was named president elect, Sister Mary Carola, administrator of St. Mary's Hospital, Huntington, vice president, and J. H. Laughlin, administrator of Staats hospital, Charleston, treasurer. William R. Huff of Charleston continues as executive secretary.

Trustees were named as follows: T. H. McMillan, McMillan Hospital, Charleston; L. Wade Coberly, Davis Memorial Hospital, Elkins; W. Obed Poling, Broaddus Hospital, Philippi; and H. P. Athey, Williamson Memorial Hospital, Williamson.

More than a hundred registered hospital administrators and members of the woman's auxiliary attended the meeting.

The 1957 meeting of the association will be held at the Greenbrier, in White Sulphur Springs.

Construction Work on Schedule At WVU Medical Center

Construction work on the Basic Sciences Building of the new medical center at Morgantown is continuing on schedule, with the colored glass being installed on the outside and the window panes being put in place. All of the room partitions are up and plastering is about 60 per cent complete. The ceiling acoustic tile is being installed in several of the larger rooms where noise has to be controlled. Asphalt tile flooring will be laid as soon as the interior of the room is completed.

The Kewaunee and Hamilton Laboratory furniture companies will begin the installation of fixed laboratory furniture within the next thirty days. This extensive work will be completed in about eight months. The Hamilton Company has the contract for all of the furniture for the School of Dentistry, and the Kewaunee Company for the remainder of the Basic Sciences Building.

You have not lived a perfect day, even though you have earned your money, unless you have done something for someone who will never be able to repay you.—Ruth Smeltzer.

Cleveland Health Museum Scholarship

A $500 scholarship has been made available by the Women's Committee of the Cleveland Health Museum to any qualified student interested in (a) school health education, (b) visual methods in health education, and (c) educational work in museums.

Special projects, tailored to the interests and requirements of the candidate, are set up for completion in from one to three months.

All projects must be completed on the museum premises under the direction and supervision of its professional staff, and a written report is required.

Tuition of $100 will be paid to the Museum from the $500 stipend. The remainder will be paid directly to the candidate to cover living and other expenses.

Requests for applications should be mailed to Bruno Gebhard, M. D., Director, Cleveland Health Museum, 8911 Euclid Avenue, Cleveland 6, Ohio.

GP Academy Names Executive Secretary

Mr. Donley T. Shultz of Fairmont, has been named executive secretary of the West Virginia Chapter of the American Academy of General Practice. He will serve on a part-time basis.

The appointment, which was effective October 1, 1956, was made following the recommendation of a special committee composed of Drs. Seigle W. Parks of Fairmont, J. Keith Pickens of Clarksburg and Logan W. Hovis of Parkersburg.

Mail for the executive secretary should be addressed to him at Box 1187, Fairmont, W. Va.

Woman's Most Gratifying Experience

There has been a gradually increasing awareness, possibly stimulated by obstetric patients themselves, that the psychologic reaction on the part of the woman to complete amnesia during labor and delivery frequently was one of great dissatisfaction, frustration, and real unhappiness.

To be sure, the patient greatly appreciated, as any normal individual would, the relief from prolonged severe pain. On the other hand, there was no question but that countless patients felt they had been deprived of the privilege of participating in and being aware of one of the great and climactic events of their lives.

The process of birth may be to a woman the finite representation of her greatest physiologic usefulness and ability in life, and to deprive her of the opportunity of sharing in this unique physical accomplishment, should she so desire, may be unfair and psychologically traumatic.

In our humane and charitable attempts to relieve her of pain, we may possibly have deprived her of something even more important—her own profound and stimulating satisfaction in the awareness of her contribution to humanity.

Dr. Helen Deutsch states, "Childbirth is the greatest, most gratifying experience of woman, perhaps of human beings."—C. Lee Buxton, M. D., in New York State Journal of Medicine.

Anyone who can swallow a pill at a drinking fountain deserves to get well!—Anon.

Members of the medical and legal professions in Kanawha County gathered at the Daniel Boone Hotel in Charleston on October 9 to hear an interesting talk by Mr. C. Joseph Stetler of Chicago, director of the American Medical Association's Law Department. His subject was "Cooperation Between Lawyers and Doctors." Shown at the speaker's table are, left to right, Mr. Henry Butts, president of the Charleston Bar Association, Judge Ben Moore, Mr. Stetler, Dr. W. Paul Elkin, president of the Kanawha Medical Society, and Mr. Wilson Anderson, Charleston attorney who introduced the speaker. (Photo courtesy of The Charleston Daily Mail).

10th Annual AMA Clinical Meeting In Seattle, Nov. 27-30

Dr. Walter E. Vest of Huntington and Dr. Frank J. Holroyd of Princeton, AMA delegates from West Virginia, will attend the tenth annual Clinical Meeting of the American Medical Association in Seattle, Washington, November 27-30.

During the meeting, the name of Dr. J. Howard Anderson of Welch will be among those considered for the award of "General Practitioner of the Year." Doctor Anderson was nominated for the award by the House of Delegates of the West Virginia State Medical Association at the annual meeting in White Sulphur Springs, August 23-25, 1956.

More than 2,500 physicians are expected to attend the meeting which has been designed for the general practitioner. Special attention will be focused on the diseases and conditions most frequently encountered by family physicians in this country. It is intended to provide the family doctor with information about the latest special techniques, treatments, medicines and equipment.

The center of convention activities will be in the Civic Auditorium where scientific sessions will be held. The Auditorium will also house the scientific and technical exhibits, which are expected to exceed more than 200 in number. The Olympic Hotel will serve as headquarters for the House of Delegates and meetings of the Board of Trustees, councils and reference committees.

Interesting Scientific Program Arranged

The scientific program will feature approximately 45 papers dealing with such varied subjects as fluid balance, urological problems, office psychiatry, varicose veins, fractures, diabetes and heart disease. The papers will be presented by some of the country's most prominent medical educators and practicing physicians.

The program will include 20 panel discussions on such subjects as problems of prenatal care, problems of ageing, care of the cleft lip and palate child by the coordinated team approach, hypertension, hemolytic anemia, and epilepsy and vascular disorders.

Closed circuit television clinics, featuring physicians practicing in the Seattle area, will be presented at the meeting. Motion pictures on scientific subjects will be shown in the afternoon. A special premiere of a new medico-legal film on the doctor as a medical expert witness will be shown on Tuesday evening, November 27.

Air Cruises to Hawaii

Arrangements have been made for two different air cruises to Hawaii following the clinical session of the American Medical Association in Seattle, Washington, November 27-30. Highlights of the air trip will include accommodations at first-class hotels in Honolulu, a yacht cruise of Pearl Harbor, and sightseeing trips to the various islands.

Full details may be obtained by writing Mr. Ralph W. Neill, Executive Secretary, Washington State Medical Association, 1309 Seventh Avenue, Seattle.

New Staff Members at Wheeling Clinic

Dr. Albert M. Valentine, formerly of Morgantown and Dr. Robert T. Brandfass of Wheeling are new members of the staff of the Wheeling Clinic.

Doctor Valentine, who is with the department of medicine, is a graduate of West Virginia University and the Medical College of Virginia. He had postgraduate work in internal medicine at St. Francis Hospital in Pittsburgh, the Ohio Valley General Hospital in Wheeling, and the VA Hospital in Richmond.

Doctor Brandfass, who is associated with Dr. Robert W. Leibold in the department of obstetrics and gynecology, received his M. D. degree from Jefferson Medical College of Philadelphia in 1951. He had postgraduate work in obstetrics and gynecology at the Jefferson Medical College hospitals.

Eastern Panhandle Society Plans 50th Anniversary Program

The Eastern Panhandle Medical Society will celebrate its Golden Anniversary at a banquet at the Shenandoah Hotel in Martinsburg, on Saturday evening, December 1, 1956.

The speaker will be Dr. Louis Krause of Baltimore Professor of Clinical Medicine at the University of Maryland School of Medicine. Doctor Krause also teaches the history of medicine and is considered an international authority on the subject.

The program will also feature stories of doctors of yesteryears, particularly those who were located in the Eastern Panhandle.

A social hour will precede the banquet, and at the conclusion of the program, there will be a reception and dancing.

The observance of the Golden Anniversary of the founding of the Society will be held the evening preceding the postgraduate institute which will be held at the Shenandoah Hotel in Martinsburg on Sunday December 2, sponsored jointly by the Eastern Panhandle Medical Society and the West Virginia Chapter of the American Academy of General Practice.

Substitution of AMA Publication for JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

- Archives of Internal Medicine
- American Journal of Diseases of Children
- Archives of Dermatology
- Archives of Neurology and Psychiatry
- Archives of Pathology
- Archives of Surgery
- Archives of Otolaryngology
- Archives of Ophthalmology
- Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street Chicago 10, Illinois.

PH Health Educator Named

Mr. H. Daryl Ely of the Cabell-Huntington Health Department, has been named public health educator in the Bureau of Public Health Education. The appointment was made by Dr. N. H. Dyer, State Director of Health.

Mr. Ely will assist the bureau in keeping the public informed concerning public health functions and services. He will work directly under David L. Griffith, Director of the Bureau of Public Health Education.

W. Va. Chap. ACS to Meet March 15-16

The annual meeting of the West Virginia Chapter of the American College of Surgeons will be held at the Greenbrier, in White Sulphur Springs, March 15-16, 1957.

Dr. Charles M. Scott of Bluefield is president of the Chapter, and Dr. Kenneth G. MacDonald of Charleston, secretary-treasurer.

Section Compiling Current List Of Orthopedic Surgeons

The officers of the West Virginia State Medical Association's Section on Orthopedic Surgery are compiling a list of physicians engaged in the full-time practice of orthopedic or traumatic surgery.

The secretary of each component society is requested to compile a list of members engaged in this type of practice and mail the same just as soon as possible to the secretary of the Section, James A. Heckman, M. D., 1032 Sixth Avenue, Huntington 1, West Virginia.

Crippled Children's Society Names New Officers

Mr. Thorold S. Funk of Clarksburg was elected president of the West Virginia Society for Crippled Children and Adults at the 32nd annual meeting held in Fairmont late in September. He succeeds Paul B. Billups of Elkins. The new president is a district supervisor of the West Virginia Division of Vocational Rehabilitation.

Other officers were elected as follows: First vice president, Mrs. J. Paul Brawner, Morgantown; second vice president, Dr. J. Martin Taylor, Fairmont; secretary, Mrs. Walter W. Brewer, Omar; and treasurer, Harold Madison, Racine.

Paul B. Billups of Elkins and Louis J. Groch of Wheeling were reelected to the Society's board of trustees. New members elected to the board are Henry Schweinsberg of Charleston, Mrs. Charles Campbell of Weirton, Joe Parks of Parkersburg, Mrs. Charlotte Pilcher of Huntington, Mrs. Woods G. Tallman of Gary, and Dr. William J. L. Wallace of Institute.

Distinguished service awards for long time community service in the field of work for crippled children were presented to Marcus E. Farrell of Clarksburg, Mrs. Fred B. Watkins of Charleston, and Mrs. Mae S. Straton of Charleston.

Annual County Medical Societies Civil Defense Conference

The Seventh Annual County Medical Societies Civil Defense Conference, sponsored by the AMA Council on National Defense, will be held at the Morrison Hotel in Chicago, November 10-11.

The conferences are designed to assist local groups with health and medical planning in civil defense. Individuals of local health and medical organizations are provided the opportunity to discuss and exchange information of mutual interest and concern. In addition, they receive practical data with respect to individual and group planning for medical civil defense affairs.

An invitation to attend the conference has been sent to the secretary of each component society in West Virginia with the request that the Council be notified whether or not any members of a particular society plan to attend.

Headquarters will be maintained at the Morrison Hotel, and a block of rooms has been set aside for the use of representatives of local societies, who are requested to contact the hotel directly for reservations.

Section on Orthopedic Surgery Considers Winter Meeting

The advisability of arranging a winter meeting of the Section on Orthopedic Surgery was discussed at the annual meeting held at White Sulphur Springs on Friday, August 24, 1956, during the 89th annual meeting of the West Virginia State Medical Association.

Dr. Justus C. Pickett of Morgantown and Dr. Maxwell H. Bloomberg of Elkins were appointed members of a committee to study the matter. If such a meeting is thought advisable, the committee is to recommend a place and time for the same.

It was ordered that the sum of $5.00 be assessed against each member of the Section to provide a fund to take care of convention expenses, particularly traveling and hotel expenses for speakers in the years when the State Medical Association does not name a speaker on an orthopedic subject.

The matter of the collection of insurance fees on state crippled children cases, and the necessity of having to turn these fees over to the State Crippled Children's Commission was discussed by the members present.

It was ordered that recommendation be made that the advisory committee to the Commission investigate the payment of surgical fees by the Blue Shield and Insurance companies, and that the action of the advisory committee in this matter be referred for consideration to the Council of the State Medical Association.

Dr. Henry M. Hills of Charleston was elected president of the Section to succeed Dr. Howard G. Weiler of Wheeling. Dr. George Miyakawa, also of Charleston, was elected vice president, and Dr. James A. Heckman of Huntington, secretary.

New Central Cancer Registry In Operation January 1

A Central Cancer Registry is being established in West Virginia under the joint sponsorship of the State Department of Health and the West Virginia Cancer Society. The new service will be available on and after January 1, 1957.

The registry will be housed in the State Department of Health quarters in the New State Office Building, and the personnel will be associated closely with the division of cancer control and the division of vital statistics.

In announcing the new service, Dr. N. H. Dyer, state director of health, said that, since January 1, 1956, a properly functioning tumor registry has been a requirement of the American College of Surgeons for the approval of a cancer program in hospitals.

During the past year, the West Virginia Cancer Society has furnished registry material to several hospitals for the purpose of stimulating interest and providing a more unified form in hospital registries. Doctor Dyer said that eleven hospitals have now indicated a willingness to participate in a central registry.

One of the services offered to physicians by the central registry will be to provide a systematic follow-up of all cancer patients and keep them under adequate medical observations as long as they live.

State Auxiliary Well Represented At Chicago Conference

The Auxiliary to the West Virginia State Medical Association was well represented at the field conference in Chicago, held early in October.

The delegation from West Virginia was composed of Mrs. Ross P. Daniel of Beckley, past president of the West Virginia Auxiliary, and now a member of the National Board and also the nominating committee; Mrs. Charles L. Goodhand of Parkersburg, a past president of the State Auxiliary, and for the past three years, national legislation chairman; Mrs. Paul P. Warden of Grafton, immediate past president; and Mrs. J. C. Huffman of Buckhannon, president elect of the State Auxiliary.

Mrs. Goodhand conducted a panel discussion concerning national legislation, and the West Virginia president, Mrs. J. E. Spargo, of Wheeling, served as a member of the panel.

Mrs. Huffman was a member of a committee of eight, known as a "Listening Group." This innovation was supplied by Mrs. Paul Craig of Wyomissing, Pennsylvania, president elect of the Auxiliary to the American Medical Association. This experiment in group dynamics had for its purpose the evaluation of the strength as well as the weakness of the conference program.

Your disposition will be suitable to that which you most frequently think on, for the soul is, as it were, tinged with the color and complexion of its own thoughts.—Marcus Aurelius.

Winter Meeting of MLB, Jan. 7-9, 1957

The winter meeting of the Medical Licensing Board will be held at the new State Office Building in Charleston, January 7-9, 1957, for the purpose of examining applicants for license to practice medicine in West Virginia.

Patient Education Catalogue Available

The catalogue of the Cleveland Health Museum, describing the facilities available in the field of patient education, is now available for distribution to component societies. Requests for the catalogue should be mailed to Dr. Bruno Gebhard, Director, Cleveland Health Museum, 8911 Euclid Avenue, Cleveland 6, Ohio.

Auto Emblems Available

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

AMA Medical Services Study

The American Medical Association is about to launch a study to learn what the hospital patient gets for his money.

It will be the second phase of a three-part, five-year study measuring the medical services given to the American people by their physicians. The survey, which will cost about $100,000 when completed, is the first of its kind—measuring services and not money spent. The results will be published late in 1958.

Questionnaires have been mailed to 7,000 hospitals to learn the age, sex, length of stay, and diagnoses for every hospitalized person discharged during the third week of October.

In the first phase conducted in 1953, the A.M.A. Bureau of Medical Economic Research determined the age and sex of hospital patients on a given day, and found that men were more hospitalized than women, even though one out of six beds was used for a maternity case. The final phase will be conducted next spring when physicians will contribute information about patients seen in the office and at home.

The current questionnaire will help answer such questions as: Which ailments or conditions are sending most Americans to hospitals? Which are keeping them there the longest? How many beds are taken up by accident casualties, by pregnant women, by patients undergoing non-emergency surgery—George F. Lull, M. D., in Secretary's Letter.

The title "doctor" means teacher. Whether the doctor likes it or not, or even knows it, the learning process is inherent in the physician-patient relationship. The patient will learn something, be it good or bad, when he consults any physician.—J. Medical Education.

The West Virginia Medical Journal

December 1956 Vol. 52, No. 12

Federal Legislation and How It Affects The Medical Profession*

Dwight H. Murray, M. D.

It is a pleasure and a privilege for me to participate in your annual meeting. I am particularly pleased at the request to discuss with you the status of our legislative position in Washington. Inasmuch as I have been active for many years in the California Medical Association and in the past as Chairman of the Legislative Committee of the American Medical Association, I consider this subject one of my first loves.

The expressed and actual corporate purpose of the American Medical Association as stated in Article II of its Constitution is "to promote the science and art of medicine and the betterment of public health." We believe, and we are amply justified in that belief, that American medicine today is the world's best. We are able to give our patients a higher quality of medical care than are the physicians of any other nation. Many of the greatest advances in medicine in our lifetime have been made and given to the world by American medicine.

These facts do not exist through accident. They are the natural result of our system of medical practice. The science and art of medicine can advance only under the free enterprise, private practice system which is our heritage. The quality of medical care will remain good only so long as the relationship between the patient and his physician is inviolate.

American System of Medicine

Thus, to advance the science and art of medicine, and to better the public health, we must preserve and protect our great American system of medicine. The Constitution of The West Virginia State Medical Association spells out in detail what is implied in the Constitution of the AMA. Article II of your Constitution states that it is the purpose of your Association "to extend medical science; to promote the public health; to elevate the standards of medical education, and to secure the enactment and enforcement of just medical laws . . . so that the profession shall become . . . more useful to the public in the prevention and cure of disease and in prolonging life."

I want to discuss with you this aspect of our corporate purposes. I want to point out the direct relationship between what happens in Washington and what happens to your patient. I want to impress upon you the absolute necessity for you, personally, to know and to understand and to do something about these activities in Washington which affect your ability to treat your patient.

We are all aware of the increasing importance which the federal government has assumed in our daily lives. We are aware of the constantly increasing demand that the federal government solve the problems which beset our local communities. Schools and roads which, a generation ago, were regarded as local problems now have become the center of great activity in Washington. This results in an enormous increase in

The Author

- **Dwight H. Murray, M. D., Napa, California, President, American Medical Association.**

*Presented before the second session of the House of Delegates of the West Virginia State Medical Association at the 89th annual meeting at the Greenbrier, White Sulphur Springs, August 25, 1956.

the number of measures considered in Congress each year. For example, more bills were introduced in the last Congress than in any of the preceding ten. The last Congress enacted more public laws than any Congress in our history, save one. These figures serve to indicate the growing importance of national legislation as compared with the legislative activity of our states and local communities.

Increasing Interest by Congress

The interest of Congress in matters directly or indirectly affecting the practice of medicine also has been growing. Not only are more bills introduced and more laws enacted, but an ever increasing percentage of these measures relates to the practice of medicine. The last Congress increased by 80 per cent the appropriations for the National Institutes of Health. One hundred seventy million dollars has been allotted to these institutions for expenditures before next July 1.

The last Congress considered an ominously wide range of medical measures. They ranged from mental health to the construction of medical research facilities; from the deferment of medical students from military service to appropriations for civil defense medical stockpiling; from vocational training of practical nurses and auxiliary hospital personnel to water pollution; from treaties affecting medical licensure to the doctor draft; from child health and welfare services to the commissioning of osteopaths as medical officers in the Armed Forces; from Salk vaccine to the national medical library; from the Jenkins-Keogh bills to the medical care of military dependents; from a national morbidity survey to Social Security disability benefits; from narcotic addiction to air pollution.

I have not named them all. I even have not named all of the subjects on which the American Medical Association presented testimony during the 84th Congress. But I believe that I have named enough to give you some idea of the scope of the problem.

New Political Concept

A new concept has entered American political life. Perhaps it started at Muscle Shoals—certainly it burst forth in full bloom with the smashing of the atom. This concept is that developments which normally would take a generation can be capsuled into months if only enough money is put into a well organized program.

A corollary of this concept is that only the federal government is big enough to organize and finance such a crash program. The people are being told that this is true and our representatives in Congress seem to believe it.

At the same time, there has grown an increasing awareness of the health needs and resources of the nation. A congressman who stands foresquare against illness and disease will make no enemies. A congressman who seeks ways of improving health voices the sincerest aspirations of his constituents. Unfortunately, congressional efforts along these lines are being coupled with the new concept of federal responsibility and federal activity on an unprecedented scale. It is against this background of public concern and well intentioned dedication to the cause of public health in its broadest sense that medical legislation is conceived and enacted, and it is the responsibility of Medicine, not only as a professional body but also as vast numbers of distinct, individual physicians to caution, to guide and to advise its respective congressional representatives. As a profession, we must vigorously oppose, also, that which in our experience and judgment is bad, and support that which is good.

I should like to tell you briefly about the mechanisms which your AMA uses to perform this all-important task. First, the House of Delegates, meeting twice a year, establishes the broad policy under which the Association acts. Between meetings of the House, the Board of Trustees fills in the details of this broad policy and adopts positions and actions on individual measures. In these activities, the Board is assisted by the Committee on Legislation, with its advice and recommendations to Board members.

Committee on Legislation

I would like to say a word about the Committee on Legislation. As I stated earlier, it was my privilege to organize and to serve as chairman of this committee and as a member and Chairman of the Board of Trustees I have worked closely with both groups since that time. The Committee is made up of eleven doctors from various parts of the country. They are not employees of the Association but are practicing physicians selected for their familiarity with the legislative problems facing medicine and with the legislative processes, and for their willingness to devote time to this vital cause. They meet frequently in Washington or Chicago to discuss individual bills and to review and coordinate the legislative activities of the Association. In the last Congress, more than 500 bills were considered by this Committee and recommendations on each of these measures were submitted to the Board of Trustees.

After the policy of the Association has been established with regard to a particular measure, the matter of translating that policy into action

becomes the responsibility of the Committee on Legislation and AMA Washington Office. It is the responsibility of the Committee to advise the state societies and the individual members of the profession on the nature of the pending legislation, the AMA policy with respect to the bill, and the reasons for that policy. It is the responsibility of the Committee, acting through the state associations, and legislative key men, to marshall support for our position. It is the responsibility of the Committee to plan, prepare and arrange for its presentation the best possible testimony supporting our views to whatever congressional committee is considering the measure.

At the same time, the talented and dedicated staff of our Washington Office is busy carrying out its responsibilities. The Office keeps a careful eye on Congress and on the government agencies, constantly reporting activities of interest to medicine to the headquarters office, to the states, and to the profession.

Members of the Washington Office staff maintain close and constant personal contact with members of Congress for the purpose of presenting the views of the Association and the profession on medical subjects. In cooperation with the Committee on Legislation, the Washington Office coordinates the support of individual physicians and attempts to bring our legislative objectives to life.

Role of the Woman's Auxiliary

I would like to add at this point, and not incidently, that one of the most effective and active groups which has assisted our legislative committee and the Washington Office has been the Woman's Auxiliary. Your own Mrs. Charles L. Goodhand of Parkersburg, W. Va., as chairman of the Auxiliary legislative committee, has done a magnificent job. I only wish doctors throughout the country were as active.

All that I have said thus far merely is for the purpose of giving you the background for the most important part of my message. I have mentioned the responsibilities of the few. However, without the active and effective support of the individual physician throughout the country, the few cannot succeed. I desire now to speak of the responsibilities of the many.

During the past year you heard a good deal about HR 7225. I need not tell you the significance to medicine of the payment of cash disability benefits as a form of social insurance under the Social Security Act. Since it is the law of the land, it is up to us as citizens as well as members of the medical profession to abide by it and to work out the best possible solution. However, we will not abandon nor retreat from our position, a position which we honestly believe to be right.

During the course of our campaign to prevent the enactment of this unwise and dangerous law, every member of the American Medical Association received a personal letter from my predecessor, Dr. Elmer Hess. Physicians were urged, individually and collectively, for a period of seven months, to communicate with their senators on this measure. We lost our fight in the Senate by a roll call vote of 47 to 45. A change of one vote would have prevented the enactment of this law.

In one of our larger states, during this whole period and despite our best efforts, only 450 physicians communicated with their senators. I want to ask you a rhetorical question. Did you, individually, Doctor, contact either Senator Neely or Senator Laird about this bill? Did you, individually, explain to any one of the leaders in your community the evils of this measure? Can you honestly say that you understood the nature of the measure, and the consequences to medicine which are sure to follow its enactment? Unless you can answer each of these questions in the affirmative, you must assume your share of the responsibility for a severe loss to our system of medical care.

Role of Individual Physicians

If we are to maintain our strength and to improve our system of medical care, each and every physician—and I mean you, Doctor—must be made to realize what is happening. He must know and understand what is going on in Washington. He must learn how these proposals affect his ability to treat his patients. Did you know that in the last Congress a bill was introduced to authorize the Secretary of Health, Education and Welfare to determine when, and I quote, "any medicinal substance" was in short supply and to then issue regulations, backed by severe criminal penalties, to control the use of that substance? Can you visualize attempting to treat a patient when you must check your prescription against the regulations issued by a federal agency to determine whether that agency agrees with your medical judgment? You *must* learn about these things!

After you have learned, you must *act!* You must act by letting other people know what is right and what is wrong; what is good and what is bad; what is plausible and what is fantasy, all based on your own sound professional training and experience. I do not mean that you should take the stump for or against a bill. I mean that

you must share your professional judgment and knowledge with the leaders in your community who are seeking in good faith to determine, and thereby to do, what is right and proper.

Formally and informally, you must discuss these measures and the principles involved with the editors of your newspapers, with your business and professional acquaintances, with your friends, and with your senators and congressmen. These people seek to do what is right. For the most part, their motives are high. You have the advantage of professional knowledge which enables you to discern pitfalls in well intentioned proposals. Unless you share that knowledge with the other leaders in your community and with your congressional representatives, you cannot expect their decisions and their actions to be proper.

The strength of the American Medical Association, the West Virginia State Medical Association and your county medical society is directly related to the extent of your interest. The few cannot successfully carry the burden for the uninterested many. Unless you yourself realize that activities in Washington are drastically changing the nature of your profession and medical care, unless you know and understand what is happening to you and to your patients, and unless you, personally, do something about it, our great heritage of medicine will slip from our fingers.

The responsibility, the opportunity, the progress or the loss is yours.

"My Doctor" and "My Patient"

I WANT to call your thoughtful attention to the current efforts of the Society to induce the public to select a "Personal Physician" as an insurance against the time of need in emergency as well as a substitute for the "assembly line" type of medical care now being advocated in some quarters.

But if we are to hold to the principle that a patient is entitled to his own physician we must make sure that this actually brings him better medical care than he would get through the "assembly line" methods of group practice, or the services of a "closed panel" hired and paid by someone else.

Our code of ethics provides that "A doctor of medicine is free to choose whom he will serve" but it also states that "he shall not neglect the patient." The personal physician will of course get to know his patient as an individual, but he should also remember the following:

1. Keep your practice covered at all times. If you are planning to be away, make sure some specific person will take your calls. Do not depend upon "service" to find "somebody" to cover your night calls or emergencies. If you are "his" doctor, your patient will expect you to take care of him.

2. Find out whether your patient is insured, and if so, the precise nature of his insurance and how much help he can expect from it.

3. Discuss with him in advance your fee and other financial details such as laboratory services, consultants, et cetra. Make sure he understands so that no disputes can arise later.

4. If your patient is covered by a "service benefit" policy approved by the Society, he should be given the service. If his policy is for indemnity benefits you are entitled to set your own fee, but should avoid "upping" it just because of the insurance. Remember that your patient has been paying premiums for his insurance so he can be protected when the need arises. If insurance is used only as an excuse for higher fees, the whole system of voluntary insurance will break down—and with it perhaps the whole system of "free choice" and "personal physician."

5. If the patient thinks of you as "my doctor", he expects you to think of him as "my patient."—Paul H. Sullivan, M. D., in Nassau Medical News.

Traumatic Tracheo-Esophageal Fistula*

(Report of a Case)

Haven M. Perkins, M. D., and Victor S. Skaff, M. D.

Successful result in the management of a case of traumatic tracheo-esophageal fistula 7.5 cm. in length prompted this discussion of the subject and the report of a particular case.

The anatomical relationship of the larynx, trachea and left stem bronchus to the esophagus is conducive to the development of fistula. At its beginning, the esophagus lies in the midline but then inclines to the left side as far as the thoracic inlet and gradually passes to the midline again at the level of the bifurcation of the trachea. The esophagus lies in immediate contact with the membranous portion of the trachea and the left stem bronchus.

Fifty to 60 per cent of acquired communications between the esophagus and the respiratory tract are caused by malignant lesions. The most common causes of traumatic fistulas are respiratory or esophageal foreign bodies, instrumental dilatation of stricture of the esophagus and severe crushing wounds of the thorax of which the case reported herein is an example.

Trauma of the chest, ingestion of foreign bodies or caustics and instrumentation of the esophagus may be followed immediately or in a short while by characteristic symptoms of fistula. The ingestion of fluids is followed by strangling or severe paroxysms of coughing. In large fistulas solid foods produce the same symptoms and large particles of food may be coughed up. Later symptoms include chronic cough, upper respiratory infections, repeated attacks of pneumonia, lung abcesses, bronchiectasis and hemoptysis. There may be a serious weight loss associated with this condition. The patient usually learns to swallow in a dorsorecumbent position, thus minimizing the attacks of strangling and coughing.

The treatment of traumatic esophago-respiratory fistula will vary, depending on the length of time following injury and the condition of the patient. Acute traumatic fistula associated with infection or extensive mediastinal emphysema may require external surgical drainage of the mediastinum. These patients may be in severe shock and may have such extreme difficulty in managing secretions, plus edema and emphysema, that it is best to treat the shock, giving massive doses of antibiotics, and to do a tracheotomy if necessary. A gastrostomy to carry on the nutrition during this acute phase may be indicated. If the patient survives the first days of his injury and if his condition permits, surgical closure of the fistula should be attempted. The smaller fistula may close spontaneously without surgical intervention.

The surgical approach to the cervical esophagus and trachea is through an anterior mediastinotomy incision. A right thoracotomy incision is preferred for the approach to the thoracic esophagus and trachea. The postoperative care consists of detailed attention to evacuation of tracheobronchial secretions, removal of the intercostal tube after approximately forty-eight hours, intensive antibiotic therapy and general supportive measures.

The following case report illustrates the successful surgical treatment of a traumatic tracheo-esophageal fistula 7.5 cm. in length, caused by a severe crushing injury of the chest.

Case Report

R. L. W., a 23-year-old white male, was admitted to the hospital July 6, 1951, following an automobile accident in which he received a so-called "steering wheel" injury of the chest. His blood pressure on admission was 120/80. The upper portion of the chest was extremely tender

The Authors

- **Haven M. Perkins, M. D., Member of the Department of Thoracic Surgery, Charleston General Hospital, Charleston, W. Va.**
- **Victor S. Skaff, M. D., Chief, Department of Surgery, Charleston General Hospital, Charleston, W. Va.**

***From the Department of General Surgery of the Herbert Thomas Memorial Hospital, South Charleston, West Virginia and the Department of Thoracic Surgery of the Charleston General Hospital, Charleston, West Virginia.**

and his respirations were painful. There was no evidence of external injury of the chest. There was moderate tenderness in the left upper abdomen and some swelling of the right wrist, with pain on motion. X-rays of the chest were negative. X-ray of the right wrist revealed an intra-articular fracture without displacement.

Soon after admission marked subcutaneous emphysema from the neck down to the upper abdomen was noted, with difficulty in respiration. Examination by means of a laryngeal mirror showed some evidence of intratracheal bleeding. Tracheotomy under local anesthesia was followed by considerable improvement. The patient was placed on oxygen and antibiotic therapy. The following morning he seemed fairly comfortable. The abdominal pain had disappeared and the emphysema was greatly decreased; his temperature was 102 F. Supportive treatment was continued until the third post-operative day when small sips of water were allowed which caused severe coughing and retching.

A tracheo-esophagram with lipiodol at this time revealed a fistulous communication between the proximal esophagus and trachea below the level of the larynx. No oil passed into the stomach beyond the proximal fifth of the esophagus. Emphysema was noted in the soft tissues of the mediastinum. In view of the patient's critical condition, we felt that conservative treatment was indicated for the time being. His right arm was splinted, and the antibiotic and oxygen therapy continued.

It soon became evident that his condition was not improving and that surgical closure of the fistula with drainage of the mediastinum was mandatory.

On July 13, 1951, he was taken to the operating room with the intention of draining the mediastinum through the neck since it was felt that a more radical procedure could not be tolerated.

A left neck incision was made parallel to the anterior edge of the left sternocleidomastoid muscle extending from the level of the larynx to the suprasternal notch. No injury being found on exposing and separating the esophagus and trachea, dissection was carried down into the retrosternal area where a 6 to 7 cm. laceration of the esophagus and a similar laceration of the trachea anterior to the esophageal laceration were noted along with several smaller tracheal lacera-

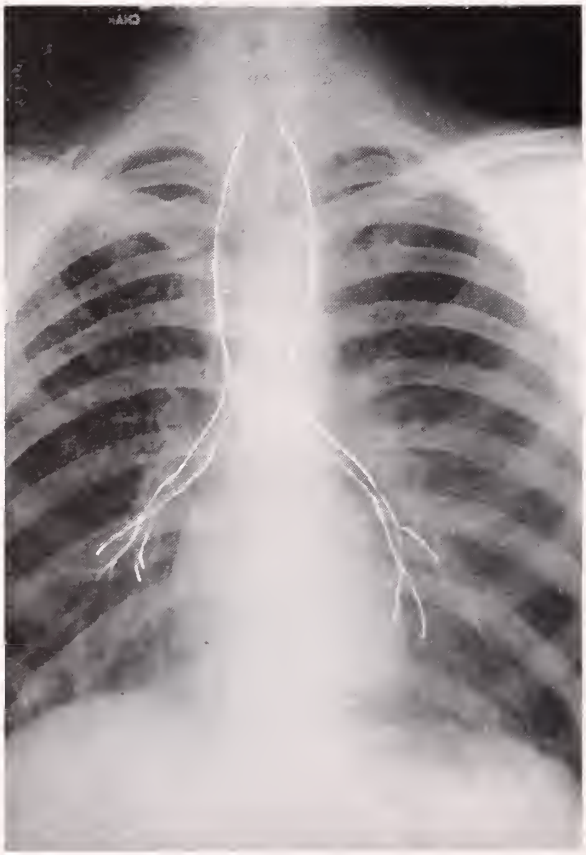


Fig. 1 (a) The leakage of lipidol from the esophagus through the fistula into the trachea.

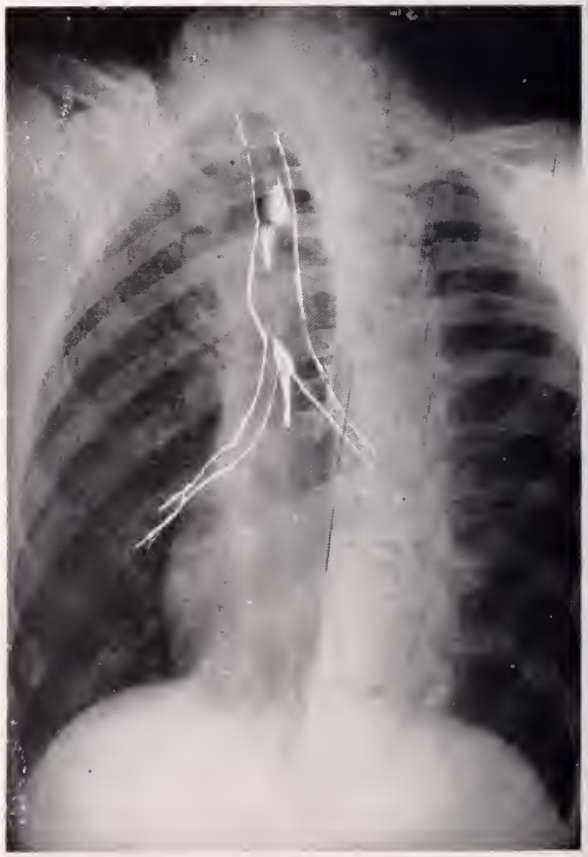


Fig. 1 (b) Oblique view showing the proximal sight of the fistula.

tions, indicating a crushing injury of the trachea and cartilages. Because of the patient's extremely critical state all lacerations were sutured quickly, three large rubber drains placed down into the mediastinum, and the neck incision closed.

For several days postoperatively there was a spiking temperature ranging from 100 F. to 105 F. in spite of treatment with penicillin and streptomycin. Aureomycin then was started through a Levin tube. Frequent small transfusions and intravenous feedings with glucose and proteins were given, along with tube feeding in small amounts. The wound drained freely and profusely. On the third postoperative day the patient was encouraged to sit up in a chair. His condition gradually improved, particularly after feedings through the Levin tube were started.

Ten days postoperatively the Levin tube was removed and a liquid diet started. The patient was able to swallow without much difficulty, although it soon became evident that there was leakage from the esophagus into the trachea since severe coughing episodes often followed the swallowing of liquids. In spite of the leakage, however, he gained weight and his temperature approached normal. He was able to eat, choking only on certain foods.

He was discharged from the hospital August 23, 1951, in good condition, with instructions to return in one month for x-rays.

X-rays taken one month following discharge from the hospital revealed that lipiodol leaked from the esophagus into the tracheo-bronchial tree immediately after the act of swallowing, due obviously to a sizable tracheo-esophageal fistula.

On December 9, 1951 the patient was readmitted to the hospital and esophagoscopy showed a large fistula of the anterior wall approximately 7.5 cm. in its long axis and 1.5 cm. in its greatest width. The opening into the trachea could be seen easily (Fig. 1).

The patient wished to postpone additional surgery and returned soon to his former occupation at one of the local chemical plants. He was on a regular diet and able to do his work without loss of time due to illness.

On January 18, 1952, two days after patient's rehospitalization, a right thoracotomy incision was made in the fifth interspace, a few adhesions of the parietal and visceral pleuras were freed, and the mediastinal pleura opened. The esophagus and trachea were freed above and below the fistula with some difficulty due to the previous

Fig. 2 No evidence of fistula one month postoperatively after swallowing lipidol.

Fig. 3 Adequate tracheal lumen without evidence of stricture.

mediastinitis. Anticipating free leakage of anesthetic gases otherwise, we took the precaution of dividing the fistulous tract little by little, an approximate 1 cm. length at a time, suturing the trachea with a row of vertical mattress sutures as the fistula was divided. After complete division of the fistula a second layer of interrupted sutures was placed and the two layers reinforced with a free parietal pleura graft. Because of marked dilatation, the esophagus was closed in its longitudinal axis.

Postoperatively, the patient's course was uneventful. The thoracotomy tube was removed at the end of twenty-four hours and clear liquids were allowed on the fourth day after which the diet was progressively increased until at the time of discharge on the eleventh postoperative day a regular diet was being taken.

One month later broncho-esophagoscopy showed the esophagus to be well healed with an adequate lumen (Fig. 2). The trachea also was well healed without any reduction in size (Fig. 3). The patient had progressively gained weight and had returned to work. There was no difficulty in swallowing.

Summary

A case of severe traumatic rupture of the trachea and esophagus, with mediastinitis and emphysema, is reported. After preliminary drainage of the mediastinum as an early emergency measure, the patient's condition improved to the point where repair of a 7.5 cm. fistula could be undertaken.

Early recognition and repair are imperative in these cases. If the symptoms are not recognized early, drainage of the mediastinum is life saving.

References

1. Gray, H.: Anatomy of the Human Body, ed. 23, Philadelphia, Lea & Febiger, 1936, pp. 1133-35.
2. Clagett, O. T., & Schmidt, H. W.: Surgery 23:221, 1948.
3. Clerf, L. H., Jr.: Ann. Otol., Rhin. & Laryng. 1943.
4. Coleman, F. P., & Bunch, G. H.: J. Thoracic Surg. 19:542, 1950.

Sterile Peril

The medical profession is fully convinced that a well informed public is a healthier public. By the same token the profession is cognizant of the harm that may befall the self-made diagnostician who treats himself or his family. Without professional knowledge of medicine it is all too human for the lay individual to reason that if a little is good a lot is better. The woes that befall one from this specious logic may engender serious illness, health hazards and loss of time and money.

In this country the young mothers of today are not only well instructed but also given excellent literature on the best care of new-born infants. There's no doubt that infant care in this country is on a very high plane. On occasions, however, the mother takes things into her own hands because "mother knows best." She reasons that if bottle and nipple sterilization prevents infection, then sterilization of all foods would prevent all diseases. Hadn't she read that eating partially cooked or uncooked pork products may cause trichinosis! It doesn't occur to her that an infant of a few weeks of age is not fed pork chops or sausage. So she proceeds to boil for one-half hour all food fed the child. Among the foods so boiled was the specific amount of orange juice the infant received daily.

On this sterile regime the child appeared to thrive for a number of weeks. In a period of a few months the infant became listless followed by apathy. Every time the infant was picked up a piercing cry of pain resulted. Beguiled by her excellent sterilization technic she was confident that her child was only suffering from some minor non-infectious difficulty. Unable to cope with this situation she bundled up her crying infant and sought medical care.

After a careful detailed history from the mother as to the care and diet of the infant, the doctor suspected the diagnosis. And in this day and age! The infant was suffering from vitamin C deficiency, better known as scurvy. What the mother did not know was that boiling of orange juice caused destruction of the vital vitamin C. Vitamin C whether in citrus fruits or vegetables is destroyed by cooking or boiling.—Nassau Medical News.

Tuberculosis in the Adult Negro*

Frank A. Carone, M. D., George A. Curry, M. D., and Milford L. Hobbs, M. D.

TUBERCULOSIS pursues a distinctly less favorable course in the Negro than in the white man, and both the morbidity and mortality rates are much higher in the Negro than in the white man living in the same community. Pinner[12] found that the tuberculosis death date was three to four times as high in the Negro. Rapidly progressive forms of tuberculosis are much more common in the Negro. Everett[5] found that the average duration of tuberculosis in a series of fatal hospital cases was 9.8 months in Negroes and 30.9 months in whites, and it is well known that the Negro patient does not respond as favorably to treatment.

Carter[3] concluded from a large study of white and colored tuberculosis patients given similar treatment in a sanatorium, that the results obtained in the whites were persistently better than the results in the Negroes. The observations of McPhedran and Opie[7] lead to the conclusion that tuberculosis in the Negro, whether of first infection or of adult type, shows less tendency to heal.

The Negro frequently responds to tuberculosis in a manner indicative of poor racial resistance to the infection. In the Negro adult, it is not unusual to encounter the childhood type of progressive pulmonary tuberculosis, which is extremely rare in the white adult except possibly in the very aged. This type of tuberculosis, which is typical in the white or colored infant or young child, is characterized by lesions of any part of the lung, with exudation, rapidly progressive caseation and little associated fibrosis. There is marked involvement of the regional lymph nodes and frequent hematogenous generalization. It is referred to as primary, first infection, or childhood type tuberculosis, and represents a lack of native or acquired resistance to the tubercle bacilli.

In contrast, postprimary or reinfection tuberculosis which is typical in the white adult usually is more stable and chronic. The prominent lesion almost always appears near the apex with practically no involvement of the hilar lymph nodes, even in extensive disease. The lesions spread slowly because of the inhibition of the multiplication of the tubercle bacilli; there is little tendency for extension to distant organs and fibrosis is conspicuous in the repair process. This altered tissue response in reinfection or adult type tuberculosis is explained on the basis of acquired resistance obtained from a primary infection.

The Authors

- **Frank A. Carone, M. D., formerly instructor in Department of Pathology, West Virginia University School of Medicine, and now serving a residency in pathology at Yale University School of Medicine, New Haven, Conn.**
- **George A. Curry, M. D., Morgantown, W. Va.**
- **Milford L. Hobbs, M. D., Professor and Head, Department of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.**

Post mortem examination confirms the frequent occurrence of childhood type tuberculosis in the Negro. Pinner and Kasper,[11] in their excellent study, compared the autopsy findings in 303 Negro and 219 white patients who had died of tuberculosis. They found (a) greater frequency of lymphatic metastasis in the Negro (66.8 per cent) than in the white (10.8 per cent), (b) greater frequency of hemotogenous metastasis in the Negro (84.2 per cent) than in the white (40 per cent), (c) greater frequency of miliary tuberculosis in the Negro (37.3 per cent) than in the white (15.5 per cent), and (d) conversely, less frequent limitation of tuberculosis to one organ system in the Negro (3 per cent) than in the white (48 per cent). The post mortem findings of Borrel[2] in 500 cases of tuberculosis in Negroes imported as troops into Europe during World War I revealed a similar type of response. Caseation of mediastinal lymph nodes was present in 90 per cent of cases and caseous pneumonia in 30 per cent. Generalized miliary tuberculosis was noted in 25 per cent of his cases. Tuberculosis typical of the form seen in European whites was found in only 5 per cent of cases.

An Illustrative Case

The patient was a 56-year-old colored female with a fatal illness of 5 months' duration consisting of anorexia, weakness, weight loss, fever, anemia and ascites. The clinical impression of

*From the Department of Pathology, West Virginia University School of Medicine, Morgantown, W. Va.

several observers was intra-abdominal malignancy. Post mortem examination revealed exudative tuberculosis, with little or no fibrosis, involving the lungs, mediastinal lymph nodes, pleura, pericardium and peritoneum. An old calcified fibrotic scar was present in one lung. There was microscopic evidence of tuberculous involvement of the fallopian tubes, endometrium, liver and kidneys.

It should be stressed that adult type tuberculosis is not uncommon in the Negro and frequently a type of tuberculosis midway between the childhood and white adult type is encountered, suggesting some admixture of white blood. On the average, however, prognosis tends to be distinctly less favorable in the Negro with tuberculosis and the course of fatal cases more rapid than in the white.

Opie[8, 9, 10] suggests that the greater prevalence of childhood type tuberculosis in the Negro adult is due to the more frequent lack of acquired resistance. He feels that the Negro child escapes tuberculosis infection more often than the white and thereby is deficient in acquired immunization. This viewpoint is not supported by other evidence.

Tuberculin test surveys have shown that the number of Negroes infected with tuberculosis is higher at all ages than the number of whites. Furthermore, at autopsy, a large percentage of adult Negroes with the childhood type of progressive tuberculosis contain older calcified, arrested primary lesions indicative of previous contact with tuberculosis. Several observers attempt to explain the frequent occurrence of childhood type tuberculosis in the adult Negro on the basis of unfavorable or poor environmental conditions. It has been shown, however, that in white adults living under the same or worse environmental conditions, the progressive childhood type of disease does not develop.

It is impossible to explain the frequency of childhood type tuberculosis in the adult Negro by assuming that acquired resistance is low in this race due to infrequent primary infections during early life.

Rich[13] is of the opinion that the Negro race in general possesses a less effective resistance to tuberculosis than the white. He states, "Since childhood (low-resistant) type of progressive tuberculosis frequently occurs in Negro adults who carry the lesions of a previous primary infection, but only with extreme rarity in white adults with similar healed lesions, it appears either that the Negro cannot develop acquired resistance to tuberculosis to as high a degree as the white, or else that, having developed acquired resistance as a result of a primary infection, he is not able to maintain it at a high level as successfully as is the white."

The Negro race appears natively deficient in the ability to develop or maintain acquired resistance which may be explained by the relatively short period of time it has been in contact with tuberculosis in comparison to the white race. On the other hand, the Negro tends to develop a higher degree of hypersensitivity (allergy) to tuberculosis than does the white; however, the Negro is not able to develop acquired resistance to parallel this hypersensitivity.

Pinner and Kasper[11] concluded from their studies in regard to the Negro that tuberculosis "tends to produce a high state of allergy (hypersensitivity) in the Negro, but that he, unlike the white, does not readily acquire a state of increased resistance coincidentally."

Summary

Tuberculosis morbidity and mortality rates are significantly higher in Negroes than in whites, and rapidly progressive childhood type tuberculosis in the Negro adult is not uncommon.

Native deficiency in the ability of the Negro to develop or maintain acquired resistance to tuberculosis best explains the unfavorable course of tuberculosis in the Negro as compared to the white.

Disseminated childhood type tuberculosis should be considered in the differential diagnosis of disease of obscure nature in the adult Negro.

References

1. Aronson, J. D.: Further Studies on the Incidence of Tuberculosis Infection in Some Rural Communities in the South, Am. Rev. Tuberc. 28:617, 1933.
2. Borrel, A.: Pneumonie et Tuberculose chez les Troupes Noires, Am. Inst. Post. 34:105, 1920.
3. Carter, N. G.: Inherited Immunity in Tuberculosis, Am. Rev. Tuberc. 13:373, 1926.
4. Dublin, L. I.: Decline of Tuberculosis, Am. Rev. Tuberc. 43:224, 1941.
5. Everett, F. R.: The Pathological Anatomy of Pulmonary Tuberculosis in the American Negro and in the White Race, Am. Rev. Tuberc. 27:411, 1933.
6. Israel, H. L., & Payne, H. M.: Tuberculosis in the Negro, Am. Rev. Tuberc. 41:188, 1941.
7. McPhedran, F. M., & Opie, E. L.: The Spread of Tuberculosis in Negro Families, Am. J. Hyg. 23:493, 1936.
8. Opie, E. L., & McPhedran, F. M.: The Contagion of Tuberculosis, Am. Rev. Tuberc. 14:347, 1926.
9. Opie, E. L.: Active and Latent Tuberculosis in the Negro Race, Am. Rev. Tuberc. 10:265, 1924.
10. Opie, E. L.: The Epidemiology of Tuberculosis in Negroes, Am. Rev. Tuberc. 22:603, 1930.
11. Pinner, M., & Kasper, J. A.: Pathological Peculiarities of Tuberculosis in the American Negro, Am. Rev. Tuberc. 26:463, 1932.
12. Pinner, M.: Pulmonary Tuberculosis in the Adult, Springfield, Ill., Charles C. Thomas, 1945.
13. Rich, A. R.: The Pathogenesis of Tuberculosis, Springfield, Ill., Charles C. Thomas, 1951.

The Physiology of Urine Secretion

David W. Northup, Ph. D.

For many centuries, the urine has been used in the diagnosis of disease. Until rather recently, magic principles or sheer guesses without even empirical foundation were employed by the "uroscopists," as specialists in this art were called. As medicine began to be invaded by science, a certain amount of foundation in fact began to appear. For instance, by testing the urine, diabetes mellitus could be distinguished from diabetes insipidus. "Mellitus" means sweet (from the Greek for honey) and "insipidus" means tasteless, so one can deduce the method used for distinguishing the two.

For a full understanding of the changes produced in the urine by disease and other altered body states (exposure to high altitudes, for instance) accurate knowledge of how the kidney goes about producing the urine is necessary. There have been many outstanding workers in this field, only a few of which will be mentioned here.

Early Views of Kidney Functions

The story begins with the beautiful microscopic work of Bowman, in 1842, who gave us our understanding of the fine structure of the kidney, and who identified the nephron as its functional unit. The nephron consists of the tuft of capillaries called the glomerulus, the capsule surrounding it, and the tubule, which is divided functionally into a proximal segment, the thin segment of the loop of Henle, a distal segment, and a collecting tubule. Bowman thought that the glomerulus filtered out water which washed down the secretions of the tubules. He didn't have to worry about osmotic pressure, the concept being unknown at the time.

Ludwig, in 1844, disagreed. He conceived of the glomerulus as an ultrafilter holding back only the proteins of the plasma, and postulated that the ultrafiltrate formed here was concentrated in the tubules by diffusion of water and, to a varying extent, solutes back into the blood. He didn't have to worry about osmotic pressure either. Heidenhain (1874), on the basis of studies on the excretion of dyes, returned to a somewhat modified form of Bowman's theory.

Cushny, in 1917, proposed a theory (which he called the "Modern Theory") that included glomerular ultrafiltration and reabsorption in the tubules of a "perfected Ringer-Locke solution" in optimal amounts, thus holding the blood composition ideally constant. Since ideas on osmotic pressure were by now very much in evidence, he recognized the existence of active (i. e., requiring the expenditure of energy) reabsorptive forces which could give a urine of greater osmotic pressure than blood plasma.

The chief point of argument among these various theories was reabsorption versus secretion of solutes in the tubules. When subjected to crucial experimental tests, none of these theories was fully satisfactory and, as so often happens, it was later found that both reabsorption and secretion go on in the tubules and, in addition, ion exchange.

Present Day Views of Kidney Functions

Our present knowledge of the kidney begins with the work of Richards and his co-workers, starting in 1923. They worked on the kidneys of frogs and mud-puppies, in which the glomeruli are close to the surface and accessible to manipulation. Using micropipettes introduced directly into the capsule of the glomerulus, they collected samples of glomerular filtrate and analyzed them, using special micromethods of analysis. It was found that the glomerular fluid was the same as a protein-free plasma in osmotic pressure, electrical conductivity, glucose, pH, sodium, potassium, chloride, phosphate, urea, uric acid, creatinine, phenol red and inulin. The work was extended later to the mammalian kidney, and confirmed.

If substances are present in the glomerular filtrate, but absent from the urine, they must be reabsorbed. Glucose, phosphate and chloride are in this category, at least under most conditions. If substances are present in a higher concentration in the urine that can be accounted for solely by the reabsorption of water, they must be secreted from the blood into the tubules. This

The Author

- **David W. Northup, Ph.D., Professor of Physiology, West Virginia University School of Medicine, Morgantown, W. Va.**

point is not so easy to establish; it is necessary to determine how much water is reabsorbed. But if one can find a substance which one can prove is filtered out by the glomerulus in the same concentration in which it is present in the plasma, and traverses the tubule without being either reabsorbed into the blood or added to the tubular fluid by secretion, then the amount that this substance is concentrated will give one a measure of the amount of water reabsorbed. For example, if such a substance is present in the urine in a concentration 120 times greater than in plasma, then for every 120 cc. of fluid filtered into the glomeruli, 119 cc. of water must have been reabsorbed by the tubules, leaving only 1 cc. of urine to contain that amount of the substance which was originally contained in the 120 cc. of glomerular filtrate. We can say this same thing differently by stating that the concentration ratio of the substance is 1:120. It follows that any solute found in the urine in a greater concentration than our hypothetical substance (i. e., whose concentration ratio is greater) must have been added to the urine in its passage through the tubules, i. e., must have been secreted.

Such a reference substance as described above, in addition to the properties of nonreabsorption and nonsecretion, must be not only completely filtrable but, also, relatively nondiffusible so that none re-enters the blood stream by this means; it must be physiologically inert, so as not to disturb the body or especially the kidney, and it must be amenable to precise quantitative determination in both the plasma and the urine. It was thought at first that certain dyes might meet the specifications but it was found among other objections that dyes are partially bound to plasma proteins, so that they do not appear in the glomerular filtrate in the same concentration as in the plasma. But the greatest difficulty in selecting a reference substance was in proving that a particular candidate was neither secreted nor reabsorbed. It is sufficient to say that after a great deal of work it is at present considered that inulin comes the closest to meeting all qualifications. (Mannitol is considered by some workers to be just as good).

In man, it is found that among substances normally present in the urine, creatinine is regularly present in concentrations greater than those of inulin; it must therefore be secreted from the blood into the tubules. Creatinine stands alone in this respect; no other substance normally found in the body is treated in this manner. Other substances which are not normally found in the body are, however, so handled; among them are para-aminohippuric acid (PAH), penicillin, acetylated sulfonamides, phenol red (phenolsulfonphthalein, PSP), and a group of iodine-containing drugs typified by Diodrast. Why all these diverse compounds, foreign to the body's metabolism, should be actively handled by the kidney is somewhat of a mystery.

Getting back to that class of substances which move in the opposite direction, i. e., are reabsorbed from the tubules, there are two ways in which this could happen. An active process could be involved, or they could be passively carried back into the blood along with the water which is being reabsorbed from the tubules. In the latter case, if they were carried along with the water in the same concentration in which they occurred in the tubule (and therefore in the glomerular filtrate) they would appear in the urine in the same concentration as that in which they occurred in the blood. Alcohol and acetone are in this class. If they tended to drag behind, so that the water moved in relatively larger quantities, they would become concentrated to some extent, but not so much as inulin. Urea is in this class.

If substances are actively reabsorbed from the tubules, they can end up in lesser concentration in the urine than in the blood. Glucose, phosphate and chloride are in this class. In this case, it is quite possible that the tubular mechanism which actively transports the substance from the tubule to the blood will have a limited capacity, and if too much of the substance appears in the glomerular filtrate, due to a high plasma level, not all of it will be reabsorbed, and it will appear in the urine. In such case we speak of the substance as having a threshold, or of being a threshold substance. The most familiar example is glucose. It is obvious that such a substance also will appear in the urine if something goes wrong with its transport mechanism, even if its plasma concentration is below its normal threshold.

By the time the tubular fluid reaches the distal segment of the tubule, it is of quite different composition from that of the glomerular filtrate. Glucose is now absent; creatinine has been concentrated to a considerable degree, urea somewhat less; most other constituents have had their concentration increased to varying degrees, but to a lesser degree than urea; and seven-eighths of the water which filtered through the glomerulus has been reabsorbed. In spite of all these changes in composition, the fluid still has the same osmotic pressure as the blood plasma. Either an isotonic solution is reabsorbed in the proximal segment (where all the changes discussed so far are thought to take place), or the fluid has been osmotically re-equilibrated with the plasma in

the thin segment of the loop of Henle; it is not certain which. If the latter explanation is correct, this is the only known function of the loop of Henle; if the former, we do not know the function of the loop of Henle.

And as the tubular fluid reaches the distal segments, it is still the same pH as the plasma. So further drastic changes still must take place in this last part of the nephron. In the first place, base must be conserved; in the second place, since most diets have markedly acid metabolic residues, hydrogen ions must be eliminated. Both these purposes are accomplished by exchanging sodium ions from the tubular fluid for hydrogen ions from the plasma; the tubular fluid now turns strongly acid and its sodium content sharply declines.

Here in the distal tubules a selective reabsorption of water occurs, and the urine normally becomes more concentrated than the plasma, i.e., has its osmotic pressure increased. But the reabsorption of water here is highly variable, depending on the water load of the body, and solutes may be absorbed faster than water, giving a urine more dilute than the plasma. At least two factors control the amount of water reabsorbed here: (1) the amount of substances in solution, since the urine cannot be concentrated more than a certain amount and (2) the antidiuretic hormone of the posterior pituitary gland, the amount of which changes with the water load of the body. The ability of the kidney to produce a urine of appreciably greater osmotic pressure than the plasma, as measured by specific gravity, is the basis of the well-known concentration test for kidney function.

One other function of the distal tubule is of importance. The concentration of hydrogen ions could become so great that the urine would be highly irritating. This is prevented by the addition of ammonia to the urine, to buffer it. The ammonia is manufactured by the distal tubule, principally from glutamine.

Quantitative Considerations

The trouble with various kidney function tests is that each test measures only one aspect of the complicated mechanism involved. For instance, the PSP test determines only the integrity of the mechanism which transports phenol red from the blood into the tubule. It conceivably could be inoperative while everything else was working normally. Since a number of different substances are handled in different fashions by the kidney, it is not surprising that several different kidney function tests have been devised. The theoretical basis for some of them will be described here.

Inulin Clearance Test.—Since inulin is (presumably) neither secreted by the tubules nor absorbed by them, the amount which appears in the urine in a given time can be used to measure the glomerular filtration rate. Since inulin is freely filtrable and is not bound by plasma proteins, it will have the same concentration in the glomerular filtrate that it has in the plasma, so a plasma inulin determination will give us the glomerular filtrate inulin concentration. The amount of inulin in a urine specimen collected during a definite time interval can be readily determined. Then the concentration of inulin in the urine divided by the concentration in the plasma will give the degree to which the inulin is concentrated in its passage through the tubules. And if this ratio be multiplied by the rate of urine secretion, the rate of glomerular filtration will be obtained. This figure is equal to the amount of plasma it took to furnish the amount of inulin found in the urine or, to put it another way, to the amount of plasma cleared of inulin. So we say that it is the "inulin clearance." It is numerically equal to the filtration rate, and this is true of the clearance of any substance which, like inulin, is neither secreted nor absorbed by the tubules, such as mannitol.

The inulin clearance may be expressed in the manner of a formula:

$$C_{IN} = \frac{U_{IN}V}{P_{IN}}$$

Where C_{IN} is the inulin clearance, U_{IN} is the urine concentration of inulin, V is the urine flow rate, and P_{IN} is the plasma concentration of inulin. If V is expressed in cc per minute, the clearance will be in cc. per minute (the usual way). It makes no difference what units U_{IN} and P_{IN} are in, so long as the unit is the same for both.

An average sized man will have, on the average, 124 cc. per minute inulin clearance, and an average sized woman 109 cc. per minute. For this purpose, an average sized person is defined as one who has a body surface of 1.73 square meters. A person 67 inches (170 cm.) tall and weighing 130 lbs. (59 kg.) would have this body surface. All clearance values are adjusted to this body surface so they can be compared.

At a glomerular filtration rate of 124 cc. per minute, the kidneys are forming the rather amazing total of 180 liters of glomerular filtrate per day. This means that every 25 minutes the kidneys extract from the plasma an amount of filtrate equal to the total volume of plasma in the body. If the kidneys fail, even partially (as in diabetes insipidus) to reabsorb nearly all of this,

serious dehydration occurs in a matter of minutes.

Integrity of the Glomerular Filter.—There is normally no protein in the urine, since the glomeruli hold back the plasma proteins. Experiments with proteins of various molecular weights show that the filter is impermeable to all proteins of about 68,800 and higher. Serum albumin has a molecular weight of 72,000. Hemoglobin has a molecular weight of 68,800, so that if there is very much of it free in the plasma it will appear in the urine. If serum albumin is found in the urine, the glomerular filter is presumably damaged. However, there is good evidence that the filter normally passes about 20 mg. per 100 cc. of filtrate of albumin, which is reabsorbed in the proximal tubule. If this amount were not reabsorbed, 36 g. of protein per day would appear in the urine. So, theoretically at least, a rather profound albuminuria could occur without a damaged filter. Actually this probably does not occur very often.

PAH Clearance Test. — Para-aminohippuric acid, due to the very effective transport mechanism, which, in the proximal tubules, removes it from the plasma and adds it to the glomerular filtrate, is almost entirely removed from the plasma in a single passage through the kidney. Therefore if there is nothing wrong with the transport mechanism, the PAH clearance will, for all practical purposes, equal the renal blood flow, at least that portion of it that goes through the capillaries supplying the nephrons. The PAH clearance is determined in a manner analagous to that for inulin clearance; the formula, except for the subscripts, is the same:

$$C_{PAH} = \frac{U_{PAH}V}{P_{PAH}}$$

This means that the clearance of para-aminohippuric acid is equal to the concentration of the substance in the urine, divided by its concentration in the plasma, and multiplied by the rate of urine flow.

Urea Clearance Tests.—Still another clearance test widely used is the urea clearance. Here there is the advantage that nothing has to be injected into the patient since there is already an adequate amount of urea in the blood. It would be nice if we could just say that the formula was the same as the previous two, except for subscripts, but we cannot. For historical reasons (i. e., that's the way Van Slyke did it thirty-five years ago) the urea concentration for whole blood is used instead of that for plasma, and the square root of the rate of urine flow is used (and we will not go into the reasons for that):

$$C_U = \frac{U_U \sqrt{V}}{B_U}$$

Where C_U is the urea clearance, U_U is the urine concentration of urea, B_U is the blood concentration of urea, B_U is the blood concentration of urea, and V is, as usual, the urine flow in cc. per minute. The result obtained by the use of this formula is called the "standard urea clearance," and it is supposed to be uniform over a range of varying values of V. If V is greater than 2 cc. per minute, we can leave out the square root sign and get a value which is called the "maximum urea clearance."

Some average clearance values per 1.73 M^2 of body surface: PHA, males, 654 cc. per minute, females, 592. Urea, standard 54 cc. per minute, maximum, 75 cc. per minute. Note that the values for PAH are well above those for inulin, due to tubular secretion of PAH, while those for urea are well below, due to reabsorption of part of the urea.

Maximum Tubular Transport. — Since the tubules have a function quite different from that of the glomeruli, it is sometimes desired to test their function separately. To do this, we load the blood with some substance handled actively by the tubules so that they have more than they can handle, and then find out how much they are able to do. We have to know how much appeared in the urine and how much was filtered out through the glomeruli; the excess of the former over the latter is what was moved by the tubules, if secretion into the urine is occurring; if the substance is being reabsorbed by the tubules, the amount coming through the glomeruli will be greater than that appearing in the urine. In the first case, para-aminohippuric acid is the substance usually tested; in the second case, glucose. To find out how much comes through the glomeruli, a simultaneous inulin clearance test is done.

The formulas look like this:

$$Tm_{PAH} = U_{PAH}V - P_{PAH}C_{IN}$$
$$Tm_G = P_G C_{IN} - U_G V$$

Tm_{PAH} and Tm_G are the maximum tubular transport, in mg. per minute, of para-aminohippuric acid and glucose respectively; the other symbols we have met before. Corrected to the usual 1.73 M^2, the average values are: males, Tm_{PAH}, 80 mg./min., Tm_G, 375 mg./min.; females, Tm_{PAH}, 77 mg./min., Tm_G, 300 mg./min.

Maximum tubular transport values, of course, could be determined for many other substances, including water, but the two tests described are

the only ones of this nature currently used clinically; other substances are being used in various research projects.

Routine Urine Examinations.—Through the use of several tests on the same individual, a complete picture of the state of his kidney function can be obtained. But we must not forget that the routine urinalysis still is very useful, and that if the urine contains no sugar nor albumin, and if its color, specific gravity and reaction are normal, and if nothing alarming is seen in the microscope when its sediment is viewed, the kidneys, in all probability are in pretty good shape and all the above described high powered tests can be reserved for a less fortunate patient.

References

The author has depended for the most part upon "Principles of Renal Physiology," by Homer W. Smith, New York, Oxford University Press, 1956, for most of the material in this article. The reader is referred to this book for a much more detailed discussion of the subject, also for references to the original literature.

Marriage and Mortality

"A BACHELOR gay am I", sang the operetta hero, but he might have added that his merry life was also apt to be a short one. Statistics show clearly that the married person has a greater life expectancy than the single, widowed or divorced. Shurtleff (*J. Am. Geriat, Soc.*, 4: 654, 1956) has analyzed mortality experience in the U. S. A. for the three-year period 1949-1951, and exhibited clearly the differential in favour of the married. The differential is most marked in the case of men. For both sexes above the age of 20, the most dangerous state to be in is the divorced state. Whether it is better to be single or widowed depends on the age group, for the young widower is a poorer risk than the young bachelor or spinster, whereas the risk is reversed at higher ages.

Since there is no innate virtue in the married state which would automatically confer longer life on a man or woman immediately after the wedding ceremony, there are likely to be two main factors operating in favour of the wedded. The first is that of selection. Shurtleff suggests very reasonably that those comtemplating marriage are usually the better physical specimens, although the notorious propensity of certain noble women to ally themselves to broken reeds makes one wonder about the significance of its factor.

The second factor is the environmental one. Because of his responsibilities, the married man has to take more thought for his life, hence the mortality from accidents is much higher in the single than the married. Under the watchful eye of the spouse, the married man or woman is less likely to let a pathological condition develop before seeking treatmen. Because of social pressures, the married are less likely than the single to die from the effects of alcohol or from syphilis.

Only in one instance does the spinster score over her married sister. From the middle life on she is less liable to die from diabetes mellitus than is the wife. Shurtleff suggests that this is because wives are more prone to be overnourished and overweight; for this, however, he cannot produce specific evidence. To illustrate his thesis that socio-enviormental factors play a big part in this differential, Shurtleff takes the case of leukemia which, being invariably fatal and apparently unrelated to social or environmental conditions, should kill the married and unmarried impartially. It is indeed true that this disease shows less variation in mortality by marital status than any other major cause of death.

The sceptics may of course assert that mortality figures are not the whole picture, and demand some examination of morbidity rates among the married and the single. It is however, extremely unlikely that any statistical studies on the pathology of marriage will in any way affect the marriage rate.—The Canadian Medical Association Journal.

Special Article

Occupational Diseases in West Virginia*

John P. Brick, M. D., Samuel Biern, Jr., M. D., and J. Paul Aliff, M. D.

PRIOR to July 1, 1949, there were no provisions in the Workmen's Compensation Law covering occupational diseases or infections. The 1949 session of the legislature enacted an amendment to the Workmen's Compensation Law specifically providing for payment of compensation for diseases or infections which was occupational in origin. The law, as written, is broad in its coverage. In a great many states occupational diseases are specifically defined by statute. In West Virginia no such definitions are set forth in the law.

Under our law an occupational disease is defined as a disease contracted in the course of and resulting from employment; usually it develops insidiously and is not immediately apparent. A disease to which the general public is subject in ordinary living shall not be compensable except when it follows an occupational exposure.

It becomes necessary, then, for the Commissioner to determine what is occupational in nature and what is injury or nonoccupational. The determination is made upon receipt of the employer's report of the injury or disease, the original report in all cases being made on the usual forms supplied by the Department. The report is reviewed by proper authorities in the Department. If it is determined occupational in nature the case is referred to the Occupational Disease Division, and special forms for completion by the employer, the claimant and the attending physician are mailed. At the same time both parties are requested to advise as to whether or not they will waive the nonmedical hearing, the purpose of which is to determine the claimant's exposure to an occupational hazard.

Three-Member Board

The law provides for a three-member board consisting of three licensed physicians to consider, and pass upon the medical questions in each case. The board must make findings upon certain questions which are set forth in Chapter 23, Article 4, Section 8-F of the Code. Before the case can be referred to the Occupational Disease Medical Board it is necessary for the Commissioner to make certain nonmedical findings, in writing, to waive the nonmedical hearing. The findings may be established either by a hearing or from information obtained in the claim file (if both parties consent).

The Authors

- **John P. Brick, M. D., Charleston, W. Va., Samuel Biern, Jr., M. D., Huntington, and J. Paul Aliff, M. D., Charleston, members of the Occupational Disease Medical Board of the State Workmen's Compensation Fund.**

In a report of the United States Department of Labor, September 1954, West Virginia is mentioned as being one of the 26 states with full coverage of occupational diseases. During the five-year period from July 1, 1949 through June 30, 1954, the Occupational Disease Medical Board reviewed 1,817 claims, as shown by the accompanying chart.

Cases Reported	*Number Compensable*	*Amt. Paid as Compensation*	*Amt. Paid in Medical Bills*
1,817	1,034	$28,092.51	$17,873.60

Cases reported under this classification were from various types of industry as follows: coal mining; chemical industry; construction; food industry; glass industry; petroleum; steel industry; and miscellaneous (printing, wholesale and retail stores, agriculture, etc.).

Each case is decided upon individually. As in making a diagnosis in any case of illness, care is taken to elicit a complete history. The complete findings as well as all laboratory data are evaluated. The history is extremely important, a typical question being, "Are other employees so affected?" Many of the cases require but little investigation and study, i. e., skin diseases with specific causative agents, chiefly dermatitis venenata and the like; however, others require a

*From the Occupational Disease Medical Board of the Workmen's Compensation Fund.

thorough search and study of medical references and the medical literature.

The Bureau of Industrial Hygiene has been most cooperative by making investigations, conducting laboratory studies on materials used in certain industries, and gathering all details necessary to assist the Board in evaluating many claims, particularly those of employees working in glass, chemicals, silk, nylon and cotton products.

Inspection of some of the plants by Board members proved enlightening in regard to the true working conditions in which certain diseases were contracted. Many recommendations have been made with regard to correction of these conditions, found to be hazardous. On the whole, the Board's recommendations have been carried out by the companies concerned. Some plants have spent thousands of dollars in investigative research with a view to establishing the safety of substances or materials produced in an effort to eliminate hazardous exposure.

The following cases are typical of those considered by the members of the Occupational Disease Medical Board during the five-year period previously mentioned:

Case Reports

Case 1.—The claimant was a 62-year-old female employed as a chicken neck splitter. Her attending physician's diagnosis was "macular eruption of dorsal surfaces of both hands and the surfaces between the fingers."

The condition of the claimant's place of employment was investigated by members of the Bureau of Industrial Hygiene on or about October 11, 1949. The report of the Bureau is on file and shows (1) dermatoses and skin irritation from contact with animal materials, feed, excreta, etc., (2) exposure to birds' parasites, (3) exposure to varying degrees of dampness, heat and cold and (4) overcrowding in working areas.

The opinion of the Bureau was that the claimant's condition was due to an occupational exposure, namely, the body fluids of poultry, and to the extremely damp condition of the worker's hands, and that the condition probably was aggravated by the unsanitary environment in which the worker was employed.

Case 2.—The claimant was a 29-year-old male who worked on a tipple. He had been employed since 1937 with the exception of three and a half years spent in the service. The requirements of his job were such that he had to kneel on both knees continuously in order to perform his duties. On noting swelling of the left knee, he reported to a physician who made the diagnosis of bursitis of the knee, and suggested that he stay off the knee until there was complete subsidence of pain and swelling. The claimant followed the advice of the physician and in about two weeks' time was completely free of symptoms and swelling.

It was the Board's opinion that the claimant had suffered an occupational disease diagnosed as prepatellar bursitis, left, acute, traumatic.

Case 3.—The claimant claimed disability of his eyes along with severe headaches due to exposure to gasoline fumes while pumping gasoline into cars at a service station. The Board referred to a statement in "Occupational Medicine and Industrial Hygiene", by Johnston, p. 100, under the caption "Signs and Symptoms": "Such cases are extremely rare and, when they do occur, the place is always some confined space such as the inside of a tank.'

The Board's opinion was that the claimant's condition was not due to exposure to gasoline fumes but that it was an allergic manifestation probably due to a pollen which, with reference to the season in which the symptoms occurred, in all probability was ragweed since the claimant had stated upon being examined that he had suffered a similar attack approximately one year prior to the date of filing his present claim.

The claim in this case was rejected.

Case 4.—The claimant was a 28-year-old, white, married male employed as a laborer since May 1948. In July 1949, he was placed on a job in a canning section of the plant. His duties consisted of removing empty cases from cartons on a conveyor belt, feeding them to the machine, and placing caps on cans after filling and packaging of the cans.

Seven men were required on each canning machine and four of the seven ordinarily alternated jobs every half hour. On the No. 1 job the employee sits on a chair beside the conveyor line and removes the empty cans from the cartons as the cartons are carried to him on the belt. As the belt was constantly moving it was necessary that he hold the cartons back with his foot, allowing one in reach at a time. The pressure against the foot each time the carton was blocked was not very great but it was the contention of the claimant that the constant action of stopping the cartons and releasing them over a period of time caused the disability.

On or about September 1, 1949, the claimant began noticing some pain about the right knee which at first was not severe and he continued

to work. He finally reported to the plant dispensary and the attending physician there sent him for an x-ray which was reported as follows: "The right knee reveals a small density on the medial margin of the proximal shaft of the tibia having the appearance of a localized periostitis." The claimant was treated by heat lamp and continued working. Later, however, the pain remained and he was sent to another physician for specialized treatment which consisted of an ace bandage and daily heat therapy but there was never complete cessation of the pain; on occasion therefore, the physician resorted to novocaine injections, and a heel lift on the right was recommended.

The claimant was placed on another job but continued to have trouble, and it was suggested that he lay off from work for an almost complete rest. The Board's examination of the claimant revealed some thickening of the medial aspect of the knee joint, also some tenderness on palpatation. Its diagnosis was "bursitis over the medial head of the gastrocnemius."

The claim was determined compensable.

Case 5.—The claimant was employed as an artificial inseminator for dairy cattle. He had been employed for approximately sixteen months when, in August 1950, he began having chills and fever at night, headache upon arising, constipation, general malaise and sweats and, at that time also he noted a cough. He lost fourteen pounds in weight in two months' time.

Claimant recalled that about eight weeks prior to the onset of the fever he had removed a mummified fetus from a cow. The fetus as described by him gave an excellent picture of Bang's disease. He was forced to use two hands to remove the fetus, and one arm and hand were unprotected by the glove.

Claimant was admitted to a hospital where he received chloromycetin and other drugs for treatment. His agglutination was positive for Brucellosis 1:320. Approximately six months later, he advised that he had been able to return to his regular occupation and had had no symptoms of recurrence.

The claim was determined compensable.

Disability caused by occupational disease or infection was not compensable in the state of West Virginia until July 1, 1949, following enactment of an amendment to the Workmen's Compensation Act by the 1949 legislature.

During the five year period from July 1, 1949 to July 1, 1954, the three-member Occupational Disease Medical Board (each member a licensed physician) established by the legislature in 1949, reviewed 1,817 claims, of which number 1,034 were declared compensable.

A series of five cases, typical of those considered by the Board, is presented.

Physicians as Citizens

DOCTOR, do you know what 100 new employees can mean to the economy of a community? The U. S. Chamber of Commerce, according to a recent article in the JAMA, says they mean, among other things, $590,000 more personal income per year, $270,000 more bank deposits, 174 more employed persons, 4 more retail establishments, and $360,000 more retail sales per year. What this would mean to your income seems obvious. And this is what your Chamber of Commerce is basically trying to do—among other things for your community.

If you feel that in spite of this there are still reasons why you should not join your Chamber of Commerce, take a look at your last December 10th issue of the JAMA and read over the list of reasons why you shouldn't join it. You will probably find three or four reasons you hadn't thought of. But more importantly, you'll find convincing answers to those objections.

The author of the article, Dr. Edgar Dessen, of Hazleton, Pennsylvania, concludes that there are three classes of people in any community: those who live off it, those who live in it, and those who live for it. All doctors, needless to say, belong by virtue of their professional activity to the third of these groups. But this isn't enough to warrant any complacency about our good citizenship.

If we're not contributing something outside of our professional work toward the betterment of our community, we're shirking our responsibility as citizens. Joining your Chamber of Commerce—and working for it, too, if you can spare the time—is one good way of acquitting yourself of this responsibility. Are you doing it?—Hawaii Medical Journal.

Special Article

The Rehabilitation Center of Morris Memorial Hospital

Harlan A. Stiles, M. D., and Jack E. Pearson, M. S.

REHABILITATION as a composite science for the comprehensive treatment of the physically disabled person has been accepted by the profession and the public and has made noteworthy strides since World War II. A rehabilitation center where integrated medical, social, psychological and vocational services are available is the necessary instrumentality for an effective rehabilitation program.

Until recently, the State of West Virginia has had no rehabilitation center. Many patients who needed rehabilitation that could not be carried out in the doctor's office or local hospital were sent out of state to the few established rehabilitation centers elsewhere. A great number of West Virginia patients were denied the services of a rehabilitation center because of the lack of one in this state. It is safe to say that many of the patients in this group, deprived of treatment, have become heavy burdens on their families, their communities, and the state at large.

With the refinement of the rehabilitation center concept, the state's need for a comprehensive rehabilitation center became more and more apparent. Mr. F. Ray Power, Director of the Division of Vocational Rehabilitation in West Virginia met with the Board of Morris Memorial Hospital, at Milton, and suggested that the hospital could be a rehabilitation center. The State Workmen's Compensation Fund, the United Mine Workers Welfare and Retirement Fund, as well as many physicians in the state were consulted, and there was enthusiasm for the idea of the initiation of a rehabilitation center in West Virginia.

Since Morris Memorial Hospital, a voluntary, non-profit and fully accredited institution, already possessed physical therapy and occupational therapy staffs plus equipment and facilities for medical treatment of the disabled person, it was the logical location for the rehabilitation center.

In the summer of 1955, Mr. George Mattix, Administrator of Morris Memorial Hospital, and members of the Board of Trustees visited the Institute for the Crippled and Disabled, the Institute of Physical Medicine and Rehabilitation in New York City, and the Woodrow Wilson Rehabilitation Center in Virginia. They were encouraged by what they saw and, mindful of the needs of the state, they agreed that Morris Memorial Hospital should acquire the professional rehabilitation staff, develop the philosophy of a comprehensive rehabilitation service, and accept the indicated additional responsibility for service to West Virginia and its neighboring states.

The Authors

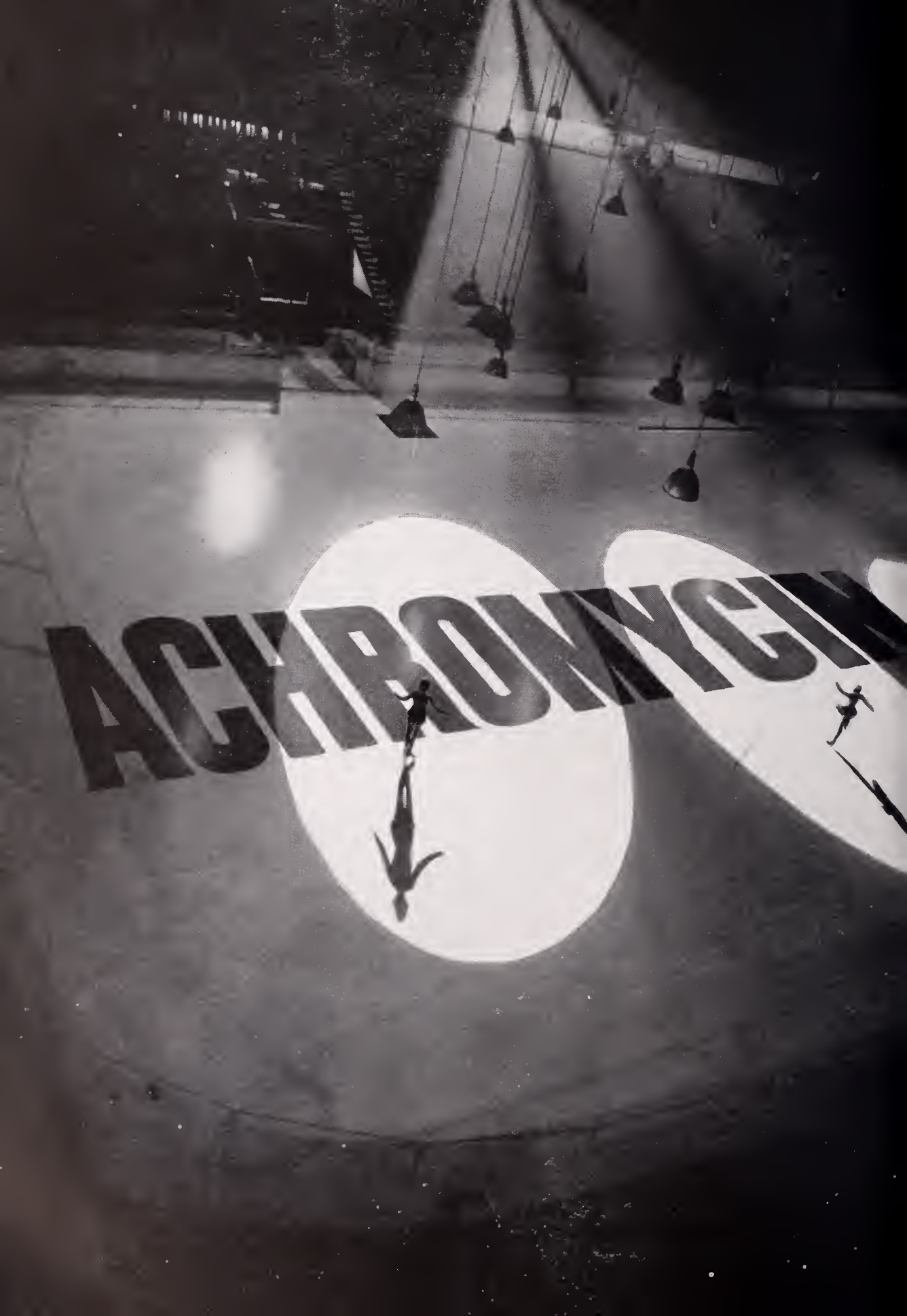
- **Harlan A. Stiles, M. D., Huntington, W. Va., Medical Director, Rehabilitation Center of Morris Memorial Hospital, Milton, W. Va.**
- **Jack E. Pearson, M. S., Administrator, Rehabilitation Center of Morris Memorial Hospital, Milton, W. Va.**

The present Administrator of the Morris Memorial Hospital Rehabilitation Center was employed in the fall of 1955. His first job was to develop and coordinate organization of the Center. He was trained at the Institute for the Crippled and Disabled, New York City, the Kessler Institute for Rehabilitation, West Orange, New Jersey, and the Rehabilitation Center in Stamford, Connecticut.

A full-time director of the Social Service Department, holding a Master's Degree from the University of Pittsburgh, was likewise employed. He was most recently with the West Virginia State Department of Health as a medical social worker and chief of the Tuberculosis Control Program.

A graduate of Duke University Medical School was selected as Medical Director under the rehabilitation program. He had orthopedic training prior to his military service, during his army career, and since his return to civilian life has limited his work to orthopedics.

A graduate in clinical psychology from the University of Iowa was employed on a part-time basis as staff clinical psychologist.


ACHRONYCH

ACHROMYCIN*

Hydrochloride
Tetracycline HCl *Lederle*

in the treatment of

genitourinary infections

UROLOGISTS report the decided advantages of oral efficacy, minimal side effects, and wide range antibacterial activity offered by ACHROMYCIN in the treatment of urinary tract infections.

Finland's[1] group of patients with acute infections of the urinary tract (principally *E. coli)* demonstrated excellent response, both clinical and bacteriological, following administration of tetracycline.

Prigot and Marmell[2] reported 49 out of 50 patients with gonorrhea showed a negative smear and culture on the first post-treatment visit. Purulent discharge disappeared in these patients within 24 hours after a usual 1.5 Gm. dose of tetracycline.

Trafton and Lind[3] found tetracycline (ACHROMYCIN) an effective antibiotic for treating many urinary tract infections caused by both Gram-negative and Gram-positive organisms.

English, *et al.*[4] noted that a daily dose of 1 to 1.5 Gm. of tetracycline resulted in urinary levels as high as 1 mg. per milliliter.

To suit the needs of your practice and to further the patient's comfort ACHROMYCIN is offered in a complete line of 21 dosage forms.

dry-filled sealed capsules

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

Lederle

*REG. U. S. PAT. OFF.

References:
1. Finland, M., *et al.: J.A.M.A.* 154:561 (Feb. 13) 1954.
2. Prigot, A. and Marmell, M. *Antibiotics and Chemotherapy* 4:1117 (Oct.) 1954.
3. Trafton, H. and Lind, H.: *idem* 4:697 (June) 1954.
4. English, A., *et al.: idem* 4:441 (April) 1954.

Morris Memorial, as in the past, maintains a senior orthopedic staff and a consulting staff representing such specialties as urology, psychiatry, internal medicine, cardiology, neurology, pediatrics and gynecology.

With the addition of staff and equipment and with the development of relations with other agencies, the rehabilitation program was initiated in November, 1955. The patient is first admitted for an evaluation program, during which time he is thoroughly examined by the various members of the rehabilitation team, the medical director, the house physician, the physical therapist, the occupational therapist and the social service worker. Psychological evaluation is carried out in selected cases. When the patient has been thoroughly examined, an evaluation case conference is held and the record reviewed. A program then is outlined to reach the goals set. A daily schedule is set up and the patient begins the prescribed active rehabilitation treatment. The medical department in the light of the history and physical examination, prescribes the treatment and supervises the rehabilitation treatment program as a member of the rehabilitation team.

The physical therapy department administers active and passive therapy, hydrotherapy, and gait training as the doctor prescribes. In this department there are two large pools, a Hubbard tank and whirlpool, parallel bars, wall bars and pulleys, an electrical stimulation machine, and other apparatus essential to effective physiotherapy. The patient is started on individual therapy and is graduated to group therapy when such is indicated.

The occupational therapy department has facilities for functional and diversional activities in its weaving looms, its wood working tools, its sewing machines, plus a ceramics unit, a printing press, facilities for leather work, typewriters and various arts and crafts equipment. Also, there is equipment for teaching the activities of daily living; for example, a training bathroom so that the patient may begin to get in and out of the bath tub, and may be taught to use the toilet without aid from another. The occupational therapy department is responsible for instruction in activities of daily living, self-care activities and prevocational testing. The department also has a kitchen, with its equipment, to teach the disabled housewife how again to be a good housekeeper.

The social service department investigates the patient's background, his work history, his schooling and his economic status, and interprets the rehabilitation program as it applies to him.

A program for amputees has been developed and already has shown encouraging results. The amputee is admitted as soon as feasible following the final surgical procedures and his condition is evaluated by the rehabilitation team and by a prosthetist. Treatment of the stump is given when indicated; the rehabilitation team, with the prosthetist, prescribes the prosthesis; and measurements are taken for its construction. The amputee then is discharged on a schedule of treatment to be followed at home, and with instructions to return to the hospital when the prosthesis is delivered. Upon its delivery, he is readmitted and again is seen by the rehabilitation team. The prosthesis is fitted and gait training is begun. It is felt that the amputees who have completed the program show great promise in the matter of returning to relatively normal activity.

The hemiplegics admitted have been persons in the older age group and have shown some improvement. There has been definite improvement in the self-care of these patients after instruction in the activities of daily living.

After the evaluation period, paraplegics are started on a complete program of activities of daily living, gait training and other programs in physical and occupational therapy.

Eighty-seven patients have been admitted to the Morris Memorial Rehabilitation Center for the evaluation and treatment program during the period from November 15, 1955 to June 30, 1956. The breakdown as to type of disability is as follows:

Type of Disability	*Number*
Amputee, lower extremity, bilaterial	5
Amputee, lower extremity, unilateral	39
Amputee, upper extremity	6
Ankylosed spine	1
Arm dysfunction	2
Arthritis	2
Clawfoot, left knee weakness	1
Fracture, arthroplasty	1
Hemiplegia	10
Low back pain	1
Muscular dystrophy	1
Multiple sclerosis	4
Paraplegia	11
Paralytic poliomyelitis	2
Severe burns, with ankylosis	1
Total	87

In addition to the foregoing, the Morris Memorial Rehabilitation Center has staff and facilities for the treatment of other handicapping conditions such as multiple fractures in need of physiotherapy, cerebral palsy, and many neurological diseases for which treatment and training are necessary.

The Division of Vocational Rehabilitation, one of the more progressive and active state vocational programs in the nation, has referred 42 patients as of June 30. The State Workmen's Compensation Fund has referred 23 patients, and the United Mine Workers Welfare and Retirement Fund four. Eighteen private patients have been referred by individual physicians.

A cooperative working relationship has been established with the State Rehabilitation Workshop and Homebound Industries Center at Institute, West Virginia. It is possible that patients may go directly from the rehabilitation program at Morris Memorial to the Institute Center, for vocational testing and possible training.

The original program of the Morris Memorial Hospital of serving orthopedically handicapped children and adults referred by attending orthopedists, continues as in the past. A number of patients have been transferred from the Hospital program to the program of the Rehabilitation Center when such transfer has been indicated.

It is probable that more private physicians will avail themselves of the Center as knowledge of the program becomes more widespread. It is the Center's philosophy that the referring physician is at all times an integral part of the rehabilitation team. The Center, through periodic reports, informs the physician of his patient's progress and consults him when a significant change in the program seems indicated. Upon discharge, the patient always is returned to his referring physician. Physicians are urged to participate in the evaluation and staff conference regarding their patients.

Forbidden Area

According to a newly adopted New Jersey state law, if a woman in that state asks her doctor to tell her of a couple who will adopt her baby, or asks him to make the placement without telling her who the adoptive parents are to be, he must refuse. Similarly, if a childless couple asks his help in finding such a child, he must say "No." According to the statute, "No person . . . shall place, offer to place or in any manner assist in the placement of a child in the home of any other person for the purposes of adoption." Only licensed child-placing agencies may perform that function.

The theory that is said to underlie the new law is that although physicians are experts in obstetrics, or internal medicine or in the art of helping people overcome their emotional ills, they are not experts in deciding which couples should take babies for adoption.

A corollary to that theory is that social workers are the experts in child-placement. One may object, first, on the grounds that evidence is lacking for attributing the wisdom of Solomon to social workers generally, or even to the elite among them who are assigned to do adoption work. And second, one has grounds for contending that the rigid sets of rules within which agency representatives work must sometimes prevent their placing children in homes where they might find complete happiness.

But it is argued that the physician is subject to several handicaps when he undertakes child-placement. First, he practices in a relatively circumscribed geographical area, and if the mother and the adoptive parents with whom he places the child are all patients of his, there is considerable likelihood of the mother's locating her baby, reasserting her rights and causing trouble sooner or later.

Second, because the doctor is busy and because the mother, more often than not, is an unmarried girl in danger of ostracism if it becomes generally known that she has given birth to a child, the arrangements are completed fast—before the girl has had an opportunity to reach a real decision about giving up the baby.

Third, the doctor in some instances may be less interested in the future happiness of the child than he is in what the child may be able to do toward curing the emotional ills of the adoptive parents.

The recently adopted New Jersey law provides, in addition, that application for adoption must now be instituted immediately, rather than after a year has elapsed. The Court immediately appoints a social agency—usually the one which made the placement—to provide twelve months' supervision. At the end of that time, the agency makes a recommendation to the Court, and the Court either approves the adoption or orders that the child be removed. The formal surrender of the child by its natural mother (and father, if paternity has been established) is made to the child-placing agency, and after the preliminary hearing, it can be voided only on proof of duress, fraud or error.—Journal, Iowa State Medical Society.

The President's Page

Valedictory — 1956

THIS is my final President's Page, and I feel that I must include one last word in support of Blue Cross and Blue Shield.

The American people have had a good taste of voluntary prepayment insurance and by now we know what they are saying: They like it. About 900 insurance companies are now engaged in writing some of our health insurance coverage. The premiums paid for this type of insurance now exceed $3 billion annually. Blue Cross has more than 55,000,000 members.

All Blue Shield plans should be of the "Service Benefit" type. Service Benefit means "full payment" to the physician for medical or surgical treatment. It means that a group of physicians, usually the entire society, agrees to provide treatment for a certain fee to be paid by the insurance plan. It means that a man with a large family and a low income can have an easy mind so far as illness in his family is concerned.

It is my sincere belief, as I have stated before, that a great disaster could come to medicine if we fail to provide full payment insurance to those who deserve it. Socialism in medicine is not dead.

Full payment Blue Shield insurance was not designed primarily to increase the physician's income, although in some cases it has done so. It is the welfare of the low income group that Blue Shield is considering when a full payment, service benefit plan is adopted. Several hundred influential insurance companies are standing by ready to pick up the pieces should Blue Cross fail.

UAW President Walter P. Reuther is quoted as saying that "If Blue Cross should fail, labor will not be satisfied with the inferior offerings of commercial insurance. If voluntary prepayment does not provide adequate and continuous protection it will be discarded in favor of an involuntary, tax-supported program."

Finally, I want to say that it has been a great honor to serve as your president during the past year, and I have welcomed the opportunity to meet many of you for the first time, and feel I am much richer for having known you. I am grateful for the courtesies you have shown me during the year and wish to express my thanks to the committees which have done their work so diligently. I feel that without the help of Charles Lively, his son, Bill, and the members of their official staff, I would have failed.

Now, I place the Association in the hands of our new president, Dr. E. Lyle Gage, and wish him every success. Mrs. Lutz and I wish for each member of the Association a Very Merry Christmas.

President

THE WEST VIRGINIA MEDICAL JOURNAL

Official Organ of the West Virginia State Medical Association

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Editor
WALTER E. VEST, M. D.
955 Fourth Ave.
Huntington, W. Va.

Managing Editor and
Business Manager
MR. CHARLES LIVELY

Executive Assistant
MR. WILLIAM H. LIVELY
Box 1031
Charleston 24, W. Va.

Associate Editors:
G. G. IRWIN, M. D.
Charleston
R. H. EDWARDS, M. D.
Welch
WM. M. SHEPPE, M. D.
Wheeling
GEORGE F. EVANS, M. D.
Clarksburg
E. LYLE GAGE, M. D.
Bluefield
EDWARD J. VAN LIERE, M. D.
Morgantown

Published monthly on the first day of the month, at Charleston, by the West Virginia State Medical Association. Original articles are accepted on condition that they are contributed exclusively to the Journal. Advertising rates furnished on request.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

EDITORIALS

KIDNEY FUNCTION

Elsewhere in this issue of the *Journal* may be found an article which deals with the physiology of the kidney, and with the theoretical background for kidney function tests. The article is timely because of the necessity for a sound physiologic base in the diagnosis and treatment of cardiorenal disease which is becoming increasingly prevalent in our time.

The older generation of physicians will remember the early Bowman-Heidenhain and the Ludwig theories of urine secretion. A somewhat later generation will recall studying Cushny's, so-called "Modern Theory" which was brought forward about 1917.

The modern work, as Doctor Northup's article points out, started with the brilliant investigations of A. N. Richards, a member of the faculty of the University of Pennsylvania School of Medicine, who actually cannulated Bowman's capsule and, later, the kidney tubules. The importance of this contribution cannot be over emphasized, for it revolutionized our understanding of kidney physiology. Somewhat later Homer W. Smith, professor of physiology at New York University College of Medicine, added greatly to our knowledge of the kidney.

The brilliant researches of Richards and of Smith and their co-workers have indeed made great contributions to our knowledge of renal function. Their work paved the way for the use of the artificial kidney, which has been instrumental in saving many lives. There is still much to be learned about the formation of urine, but at present much research is under way, and doubtless it will result in furthering the knowledge of kidney physiology.

MEDICARE APPROVED BY THE PRESIDENT

In approving the directive under which the Dependents' Medical Care Program will begin to function on December 7, 1956, President Eisenhower stated that such approval was being made with great satisfaction to him.

"Prior to this time," he said, "at least 40 per cent of our service families were unable to receive adequate medical care from the Government.

"This important improvement assures hospital care at all times to the wives and children of active duty personnel. It removes one of the greatest sources of worry to our servicemen and service women around the world.

"A significant new feature of this law authorizes the use of civilian hospitals and facilities for the immediate families of active duty servicemen.

"The cost to a service family for hospitalization in any facility, civilian or military, will be limited to a payment of either $25.00 or an amount equivalent to the subsistence charge of $1.75 per day, whichever is the greater. For this charge, all hospital services and doctors' fees for the period of hospitalization are covered."

Continuing, the President said that the program "also continues the provision for medical care for the dependents of both active and retired personnel in military facilities on a space available basis."

Concluding the statement, which was dated October 15, 1956, the President said "I have been personally interested in this important program since its inception. I feel strongly that this important measure will have a far-reaching effect on service morale at home or on our widely flung posts, ships and bases around the world and thus effectively strengthen the defense of our country."

DOCTOR ESCUE—AN APPRECIATION

Henry M. Escue, M. D., of Charleston, died early on the morning of October 17, 1956. Later that day, the following Appreciation, beautifully written, was read at the staff conference of Laird Memorial Hospital, in Montgomery, and ordered recorded in the minutes:

This morning, October seventeenth, at the Formal Weekly Conference of the Staff of the Laird Memorial Hospital, the death of Dr. Henry M. Escue was announced.

The lines from Keats' Adonais came to the minds of us all:

"He is not dead, he doth not sleep; He hath awakened from the dream of life."

Let it be recorded that Doctor Escue belonged to a little group of young people who during their academic days spent some time in our laboratories. Later as a medical student he functioned as a Ward Clerk.

After his internship elsewhere, when he had entered general practice, he was a pleasant acquaintance and frequent visitor. After his special training in Urology he joined our group and was one of us.

We valued his catholicity of interests, his broad and deep scholarship, his wide reading, his clear thinking, his philosophical mind. He was truly friend, philosopher and guide. Like the scholar in Emerson's Essay, he could distinguish facts from appearances, and help other people to do likewise.

He wore the white flower of a blameless life and was a gentleman in the fine old sense of the word. In taste and appearance, he was a man of parts. He was well schooled and thoroughly educated, and used his experience wisely. He was an able clinician. He had digital dexterity, and a good working knowledge of surgical pathology. He was a skilled and thoughtful surgeon.

He was the ideal physician. If we were to compose his epitaph, we would use the words from the inscription on the tomb of Sir Christopher Wren in Saint Paul's Cathedral:

"Vixit non sibi, sed pro bono publico; si monumentum requiris, circumspice."

He was a gifted conversationalist, not concerned with personalities but with principles. His appearance was impressive and his manner dignified. His place will not soon nor readily be filled.

IMPROVING DOCTOR-PATIENT RELATIONSHIP

Most people like their doctors and are generally satisfied with medical service. But the public offers some definite suggestions for ways doctors might improve the doctor-patient relationship.

These suggestions came to light when results of a nationwide survey done by a market research firm for the American Medical Association were tabulated. Heading the list of suggestions for doctors was "be available, come when called." This desire that a doctor be available when needed is not news to the medical profession, whose members have been working for the last five or six years to blanket the country with 'round-the-clock emergency call systems and similar informal arrangements to guarantee that availability.

Second suggestion from the public is "charge lower fees." Doctors have long suspected that most of the profession's public relations problems arise from the economic side of medicine. Yet in the survey individual doctors' charges receive only moderate criticism by the public. The public is by no means as critical of doctor bills as it is of other costs of medical care, such as hospital and drug bills. Almost five times as many people (41%) say hospital bills have risen the fastest since World War II as say doctors' bills have (9%). Almost four times as many (32%) mention drug bills as having increased with the greatest speed.

People want doctors to take more personal interest in them and be more friendly and sociable, the survey showed. Assembly-line medicine where patients are rushed through in an impersonal manner is not what the average American is seeking in his own physician.

Closer adherence to appointment schedules is also suggested by the public who express annoyance at unreasonable waits to see their doctors

People also want doctors to be honest and frank with them in regard to illnesses and fees. They also think doctors ought to assume more responsibility for informing the public about medicine as a part of their efforts to get along better with the public.

BLUE SHIELD RESPONSIBILITY

In ten brief years, Blue Shield enrollment has burgeoned from less than 2 million to more than 37 million people, and about 45 million more have bought some form of cash indemnity coverage for medical-surgical expense through private insurance companies. While the job of providing voluntary medical care protection to the entire American people is about half done, the demand for this protection is practically universal.

Studies have shown that people in the lowest income brackets are not enrolled in as large proportions as those in the medium income groups. Enrollment among the aged, the self-employed and the rural population is also under par.

Blue Shield's purpose is to help the profession meet its responsibility to the entire community, and the Plans are now giving particular attention to these segments of the population whose potentialities for profitable underwriting might not appeal to insurance companies operated strictly for private profit.

It is no longer a question whether people are going to have voluntary prepayment for medical care. The real question, today, is whether Blue Shield can do the job satisfactorily and in good time.

The answer lies with the doctor. American medicine has accomplished a modern miracle in the achievements of Blue Shield to date. The job that remains to be done will require as much imagination, as much bold action and devotion to the task as was needed to get Blue Shield off the ground ten years ago. To do this job, Blue Shield needs the help and guidance of every American physician.

CHRISTMAS SEALS

The annual sale of Christmas Seals has been under way for a few weeks and will continue until Christmas Day. For more than 50 years these tiny Christmas Seals have served as a powerful medium of education, reminding the public that tuberculosis is an infectious disease and should be treated as such. Much progress in the control of tuberculosis can be credited to the purchase of the Seals by the public.

Education, case-finding, research, social service and rehabilitation are the main parts of the program of the voluntary tuberculosis association. With the progress made in surgery and chemotherapy, new problems are created, such as the non-hospitalized tuberculosis patient with active infection.

The West Virginia Trudeau Society, the medical section of the West Virginia Tuberculosis and Health Association, is active in the medical education program of tuberculosis control. The West Virginia Tuberculosis and Health Association is active in advancing recommended new procedures in the program, such as chest x-rays for all admissions to general hospitals, tuberculin testing in schools, and as a pediatric technique. The West Virginia State Medical Association has always been in the forefront of organizations actively supporting this very worthy cause.

The annual sale of Christmas Seals is the only source of revenue to carry on the year-round program of the voluntary tuberculosis association. Every individual citizen can contribute to this worthwhile program by purchasing the colorful Seals and placing them on correspondence during the holiday season.

Alcohol Causative Factor in Accidents

The intake of alcohol is an important factor in accident causation. As the amount of alcohol in the blood increases, so does the likelihood of an accident. In some individuals, one ounce of whiskey or one bottle of beer is sufficient to cause sensory or motor impairment. Alcohol tends to dim the vision, dull the senses, and produce deleterious effects on perception and cognitive abilities.

Alcohol causes impairment of attention, concentration, memory, judgment and reasoning, but, worst of all, it is the loss of insight into the presence or the extent of the impairments. Alcohol also induces neuromuscular incoordination and stimulates aggressive behavior when the individual is least able to cope with it.

The intake of alcohol, even in small amounts, is thus incompatible with skilled or hazardous activity. Yet reports show that from 25% to 40% of all auto fatality victims had been drinking.

The effects of alcohol vary with individual tolerance and length of usage. In an individual of average weight, two ounces of whiskey are enough to produce a blood alcohol level of 0.05%—an amount sufficient to produce an average impairment of 25%. Alcohol is eliminated from the blood at the rate of about one-third of an ounce per hour. Physiological impairments thus are likely to last for hours, depending on the amount consumed.——Morris S. Schulginger, M. D., in Industrial Medicine and Surgery.

GENERAL NEWS

Dependents' Medical Care Program Effective Dec. 7, 1956

The new Dependents' Medical Care Program, commonly known as "Medicare," will be put into effect December 7 by the United States Department of Defense and the Department of Health, Education and Welfare.

Not only will military families be covered, but the extensive federally-sponsored medical care program will provide benefits to all "uniformed" services families, as well as United States Public Health Service, Coast and Geodetic Survey, and the Coast Guard.

Officers of the American Medical Association's Chicago and Washington offices have been hard at work for several months with representatives of the two federal departments laying the ground work for the operation of the new program. Mr. C. Joseph Stetler, Director of the Law Department in Chicago, and other officers of the AMA have joined with Dr. Thomas H. Alphin, Director of the Washington office, and practically the entire staff there in collaborating with representatives of the two departments.

A representative group from the two offices has been available to state medical associations during the period of the preparation and signing of contracts. It is hoped that all states will activate the program by December 7.

It has been pointed out by Doctor Alphin that benefits under the new law "are not exactly the same in military and in private facilities; outpatient care is allowed in military but not in private hospitals; there are dollar limits on some of the benefits and services limits on others; wives and children, but not parents and parents-in-law, have a right to civilian care; and virtually complete care is offered in maternity cases, but only emergency and temporary care for certain types of illness."

The Prichard Hotel in Huntington was the scene of this meeting on November 8 to prepare final plans for the Medicare program in West Virginia. Front row, left to right, Drs. Maynard P. Pride, Athey R. Lutz, Charles A. Hoffman and Robert U. Drinkard. Back row, left to right, Mr. Charles Lively, Mr. William M. Morel, Dr. E. Lyle Gage and Mr. Ray Wyland.

Several joint directives for implementing the new program have been prepared and distributed to the various state medical associations.

The final directive, a 41-page document, is being used by state medical associations in connection with the draft of "Medicare" contracts. The draft of the model contract is a 17-page document, which has been boiled down from the original 72 pages.

The following comprehensive release has been prepared by the Washington office of the AMA for the information of members of the medical profession:

Eligibility Under New Program

Dependents of: (a) members of the uniformed services, (b) retired members, and (c) persons who died while a member or retired member are entitled by law to medical care under the new act going into effect December 7. The uniformed services are the Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Coast and Geodetic Survey and Commissioned Corps of the U.S. Public Health Service. However, all dependents are not entitled to civilian care.

Care from civilian as well as military sources is authorized only for spouses and dependent children of persons on active duty (but only if duty orders are for more than 30 days). Care in military facilities only is authorized for unremarried widow, unremarried widower and children of deceased or retired member if dependent at time of spouse's death and for parents or parents-in-law if receiving half costs of support from member at time of member's death.

NOTE: Furnishing of medical care to dependents not to interfere with primary mission of military facilities, and commanding officer of facility has conclusive determination as to the availability of space and capabilities of medical staff to care for dependents.

Extent of Medical Care

In military facilities, medical care limited to the following: Diagnosis, treatment of acute medical conditions, including acute phases of chronic diseases; surgical conditions; contagious diseases; immunization; obstetrical and infant care; other acute emergencies (temporary treatment); dental care only to relieve

pain and suffering or as a necessary adjunct to medical or surgical treatment, or in U. S. where adequate civilian dental facilities are not available.

Medical care not authorized in military facilities for the following: Chronic diseases; nervous and mental disorders; elective medical and surgical treatment, such as cosmetic surgery; domiciliary care; prosthesis, except that overseas and in remote places in U. S. these items may be supplied at cost; ambulance service except in emergencies; home calls (except if determined to be medically necessary); dental care except as noted above. (Exceptions allowed in special and unusual cases).

In civilian facilities, medical care limited to the following: acute medical conditions, including acute phases of chronic diseases; surgical conditions; contagious diseases while in hospital; complete obstetrical and maternity care; 365 days' hospitalization (semi-private accommodations) for each admission, including all necessary services and supplies by hospital; pre- and post-hospitalization services of doctor for bodily injury or surgical operation, including certain tests; acute emergencies of any nature if threat to life, health or well-being, including temporary treatment of acute emotional disorders; diagnostic tests and procedures during hospitalization.

Payment by the government also is authorized for treatment of certain bodily injuries and a limited number of tests in connection with them when there is no hospitalization. Specifically, payment is authorized for diagnostic tests and procedures for treatment—of fractures, dislocations, lacerations and other wounds as prescribed in local schedule of allowances. In such cases when patient is not hospitalized maximum government payment authorized is $75 for laboratory tests, pathology and radiology examinations. Use of hospital outpatient facilities, such as cast room, for treatment of injury also is authorized.

Medical care not authorized in civilian facilities for chronic diseases (except acute exacerbations and complications); nervous and mental disorders; elective medical and surgical treatment; domiciliary care; treatments or procedures normally considered to be outpatient care. (Exceptions allowed in special and unusual cases).

NOTE: While hospitalization in civilian facilities is limited to 365 days, dependents requiring hospitalization beyond this time will be transferred to service hosuitals or the government may authorize pay for their continued care in the private hospital. Payment for drugs and materials outside hospital not authorized, except those dispensed by physician to patients in his office in connection with treatment of injury.

Limitation on Choice of Facility

At the outset of the program, spouses and children of active duty members (the only dependents eligible for both civilian and military care) will have free choice between civilian and military. However, this limitation can be invoked later: If it is shown that use of civilian medical facilities by dependents in a certain area has affected adversely the optimum economic utilization of service facilities, the Secretary of Defense (or of HEW) may restrict dependents in that area to care in a service facility.

In defining such areas, the secretary must take into consideration normal commuting time, distance and unusual geographic and transportation factors. Wherever imposed, this restriction on freedom of choice may be waived in an emergency, and under any circumstances spouses and children of active duty members will retain freedom of choice between service and private facilities if they are not living with the service person on whom they are dependent.

Identification of "Dependents"

Dependents will be identified by a "Dependents' Authorization for Medical Care" card (DD Form 1173, one card to a family). In addition to identifying the individual dependents, it also will indicate whether they are entitled to both civilian or military care or only to military care on a "space available" basis. These cards will have to be in use no later than July 1, 1957. Until the new system is in effect, the services may continue to use existing procedures for identifying dependents.

NOTE: Doctors and hospitals are expected to use "reasonable care and precaution" in identifying dependents. However, when care is furnished in good faith and subsequently it is determined that the dependent is not entitled to such care at government expense, any action for recovery instituted by the government will be against the dependent or his sponsor, and not against the doctor or the hospital.

Charges Against Dependent for Medical Care

In military facilities, the charge against dependents will be $1.75 per day for inpatient care, including cost of subsistence. As a restraint on excessive demands for outpatient care, the Secretary of Defense, on recommendation of the secretary of a service, may set uniform minimal charges for outpatient care.

In civilian facilities, the dependent will pay the first $25 of expense incurred, or $1.75 per day, whichever total is the larger, payment to be made to the hospital. If the physician decides a private room or private-duty nursing care is required, a portion of the cost will be assessed against the dependent. In the case of treatment outside hospital for an injury, the patient is to pay *the physician* the first $15 of costs, with the government paying the remainder as authorized by local fee schedules.

Administration From Federal Level

The Secretary of Defense has jurisdiction over Army, Navy, Air Force, Marine Corps and Coast Guard when operating with Navy; Secretary of Health, Education, and Welfare has jurisdiction over Public Health Service and for medical care purposes over Coast and Geodetic Survey, and the Coast Guard when not with Navy.

In contracting for medical care, the Army is executive agent for all services in U. S., Alaska, Hawaii and Puerto Rico. The Army is now arranging contracts to cover the following: Fees to be paid for physicians

and surgeons; provision for review; administrative responsibility of contractors and methods for determining administrative costs; billing arrangements for medical care costs; liaison with contractor; development of budgetary information; processing of complaints with reference to civilian medical care and hospitalization.

Contractors (representing physicians in each state) to have responsibility for resolving medical disputes through grievance committees composed of civilian physicians; and Army's responsibility does not include a detailed supervision of civilian medical procedures or a detailed inspection of civilian medical facilities. Outside continental U. S., in areas where facilities of the uniformed services cannot provide adequate care for spouses and dependent children, medical care to be provided for them "from acceptable local sources," with each service making its own arrangements.

Eligible dependents, regardless of the service affiliation of their sponsor, are to be given equal opportunity of medical care in any service hospital. Hospital commanders are to establish coordination with each other and with representatives of the local medical society and civilian hospitals "for the smooth referral of excess dependent patient loads to civilian medical facilities."

Services of Physicians

In services related to hospitalization, fees to be based on approved local schedule of allowances, including fees of consultants' services which are to be certified as required by attending physician.

Approved local schedule of allowances for hospital treatment for bodily injury or surgical procedure to include pre-hospitalization care and normal after-care following hospitalization.

In addition: Payment is authorized for necessary diagnostic tests and procedures performed or authorized by the attending physician prior to hospitalization or for proper after-care of the *same* bodily injury or surgical procedure for which hospitalized but not to exceed a maximum of $75 total charges for pre-hospitalization diagnostic tests and procedures and a maximum of $50 total charges for post-hospitalization tests and procedures.

NOTE: The monetary limitations noted above ($75 and $50) define the government's total liability, and in no way affect fees for individual procedures contained in the local schedules of allowances. Also, mechanism is provided for payment by the government in excess of these fees in "special and extraordinary cases."

Complete maternity services include prenatal care, delivery and postnatal care in hospital, office or home, payment to be made to physician on local schedule of allowances.

Also authorized are allowances for (a) laboratory tests, pathology or radiology examinations and other procedures performed or authorized by the attending physician, (b) consultant's fee if certified as required by the attending physician, and (c) newborn infant care (including immunization) outside hospital for up to 60 days, but not to exceed two visits to or by physician following discharge.

Medicare Committee in Washington

A delegation representing the West Virginia State Medical Association is holding a meeting in Washington, D. C., with representatives of the United States Department of Defense as this issue of the Journal goes to press (November 16).

The agenda for the meeting includes consideration of a contract between the Defense Department and the State Medical Association in connection with the new Dependents' Medical Care Program. In addition, an effort is being made to agree upon the provisions of a fee schedule which includes more than 1500 separate items.

The West Virginia delegation, composed of Dr. Charles A. Hoffman of Huntington, chairman of the "Medicare" Advisory Committee, Charles Lively of Charleston, coordinator of the program, and Ray A. Wyland of Parkersburg, executive director of Medical-Surgical Care, Inc., of Parkersburg, which has been named as fiscal administrator of the program in West Virginia, will have representatives of the AMA Law Department as consultants at the meeting in Washington.

A meeting of the advisory committee was held in Huntington on November 8, and a unit plan adopted for procedures in a fee schedule based upon the Relative Value Schedule of the California Medical Association.

It is planned to have the contract and completed fee schedule presented to the Council for approval as soon as possible after the meeting in Washington.

The new program becomes effective nationwide on December 7, 1956.

Camp Galahad Elects Officers

Mrs. John Ford of St. Albans has been elected president of Camp Galahad, the new camp for handicapped children, located at Quick, 35 miles northeast of Charleston. She succeeds George Conley of South Charleston.

Mrs. Fred Weser of Huntington was named vice president, and Mrs. Alan Arthur of Charleston, secretary.

The West Virginia Diabetes Association will be represented by Dr. George P. Heffner, Judge James A. McWhorter and Mrs. Alan Arthur, all of Charleston.

Yearl Arnold, Gerald Vandergrift and Selden Brannen, all of Romney, will represent the West Virginia Camping Association for the Blind, and Mrs. T. H. Pickens, and Mrs. Gilman Simms, of Charleston, and Mrs. Weser will represent the Kanawha Council for Retarded Children.

Dr. Richard V. Lynch, Jr., of Clarksburg, and Drs. John H. Gile and O. H. Brundage, of Parkersburg, are members of the planning committee.

The Camp, still under construction, will be used next summer by diabetic and blind children of the state. A continuing statewide fund-raising campaign is in progress.

Bluefield Sanitarium Sponsors Seminar on November 7

Dr. Byrd S. Leavell of Charlottesville, Virginia, was the speaker at the banquet climaxing the 4th annual seminar of the Bluefield Sanitarium, which was held at the Bluefield Country Club in that city on November 7.

Doctor Leavell, who is professor of medicine at the University of Virginia School of Medicine, spoke on the subject of "Iron Metabolism." More than a hundred physicians attended the banquet, which was preceded by a social hour for those attending the one-day seminar..

Two papers were presented during the afternoon session. Dr. Rudolph H. Kampmeier of Nashville, Tennessee, professor of medicine at Vanderbilt University School of Medicine, presented a paper on "Collagen Diseases." Doctor Kampmeier also serves as editor of the Southern Medical Journal and the Journal of the Tennessee State Medical Association.

A paper on "Functional Studies in Silicosis" was presented by Dr. Pierre Tulou, who is a member of Department of Medicine at the Veterans Administration Hospital in Martinsburg, W. Va.

In addition to the scientific papers, the following medical exhibits were placed on display at the meeting:

"Vomiting in the Newborn—Surgical Conditions." —W. M. Bruch, M. D., and A. J. Villani, M. D.

"Carbutamide—An Anti-diabetic Agent." — Karl E. Weier, M. D.

"Interestng Colon Lesions." — Robert S. Gatherum, Jr., M. D.

"Some Oddities in Neurosurgery."—E. L. Gage, M. D., and John E. Schwab, M. D.

"The Incidence of Cancer in Routine Pathological Specimens."—David F. Bell, Jr., M. D.

"Optical Aids for Subnormal Vision."—Fred D. White, M. D.

"Diagnostic Bronchoscopy in Lung Tumor."—A. J. Paine, M. D.

Dr. Fred D. White served as chairman of the program committee. Physicians from various parts of West Virginia, and several neighboring states attended the meeting which is sponsored annually by the Bluefield Sanitarium.

Guest speakers and dignitaries at the banquet held in connection with the Fourth Annual Seminar of the Bluefield Sanitarium. Left to right, Drs. Wade H. St. Clair and Fred D. White, both of Bluefield, Dr. and Mrs. Pierre Tulou, both physicians at the Veterans Administration Hospital in Martinsburg, Dr. Byrd S. Leavell of Charlottesville, Virginia, the banquet speaker, and Dr. J. R. Shanklin, Bluefield.

One of the scientific exhibits on display at the Fourth Annual Seminar of the Bluefield Sanitarium, which was held at the Bluefield Country Club in that city on Wednesday, November 7.

Relocations

Dr. Earl B. Gerlach of Huntington has moved to West Palm Beach, Florida. His address there is 248 E. Lakewood Road.

* * * *

Dr. John S. Boling, formerly of Grantsville, is now engaged in the private practice of anesthesiology at the Methodist Hospital in Lubbock, Texas. His address there is 2703 Thirty-Third Street.

* * * *

Dr. Roydice Staats, of the Veterans Administration Regional Office in Huntington, has been transferred to the medical staff of the Veterans Administration Hospital in Beckley, where he is serving as admitting and personnel officer. His home address in Beckley is 358 Mankin Avenue.

* * * *

Dr. Richard O. Gale of Welch, has moved to Syracuse, New York, where he is associated in the private practice of radiology with Dr. Donald S. Childs. They have offices at 713 East Genesee Street.

Dr. G. R. Post Member of British Society

Dr. Guy R. Post of Parkersburg, director of the Wood County-Parkersburg Health Department, has been named a member of the Royal Society of Health, of London, England.

Doctor Post represents West Virginia in the American Public Health Association, of which he is a Fellow.

The announced project of the Royal Society is to promote the health of the people, and it is under the patronage of Queen Elizabeth.

The membership category bestowed upon Doctor Post is the highest grade of membership to which any person may be directly elected.

Medical Assistants' Society In Kanawha County*

The Kanawha Medical Assistants' Society was organized in September, 1954, and is a non-profit organization composed of approximately fifty members. Meetings are held on the third Tuesday of each month, and during the present year all meetings have been held at the Daniel Boone Hotel in Charleston.

The object of the Society is to inspire its members to render honest, loyal and more efficient service to the profession and to the public.

There are three types of membership: (1) active; (2) associate; and (3) honorary. The dues for active members are $5.00 per year, and for associate members, $2.50 per year. Honorary members are exempt from the payment of dues and assessments.

The following is a list of officers who are serving during 1956:

President, Mrs. Mary Clifton; vice president, Betty Keffer; treasurer, Mrs. Eulalia Hanly; corresponding secretary, Mrs. Rhodie Rhodemyre; and recording secretary, Ethel Anderson.

The Year's Program in Review

Several speakers have discussed interesting subjects before the Society during the year. Mr. Charles Lively, Executive Secretary of the State Medical Association, installed the new officers at our February meeting. Bad weather forced the cancellation of the meeting in January.

Dr. John W. Hash spoke before the meeting in March. His subject, "Third Party Pay", was interesting and informative and pertained to payments by Workman's Compensation, UMW, and other groups.

At the April meeting, Mrs. Betty Ruby gave a practical demonstration on how to apply make-up to the best advantage.

"Anxiety Tension State" was the topic selected by Dr. P. A. Tuckwiller for discussion at the meeting in May. The speaker stressed the importance of relaxation in our every-day routine.

Dr. Kenneth MacDonald was the guest speaker at the September meeting, his subject being "Medical Superstitutions." Dr. John T. Jarrett addressed the Society in October. His topic was "Cancer of the Breast." A film showing the correct manner in which to give a self-examination of the breast, was shown in connection with his address.

At the November meeting, Mrs. Ruth Wiley, one of the members, presented a skit, "Our Office," which she wrote especially for the meeting.

A Christmas party is being planned for the December meeting, which will be held at the Rose City Cafeteria, 1723 Washington Street, East, Charleston. Santa Claus will be present to present the gifts. Prospective members are cordially invited to attend. Tickets will be $2.75 per person.

1957 Officers

The following newly elected officers will be installed at the January meeting: President, Betty Keffer; vice president, Mrs. Eulalia Hanley; treasurer, Mrs. Ruth Wiley; corresponding secretary, Faye Cochran; and recording secretary, Mrs. Estella Casto.

The Society is endeavoring to raise sufficient funds to finance a worthy project at sometime in the near future.

One of our charter members, Mrs. Eulalia Hanly, attended the convention of the American Association of Medical Assistants, in Milwaukee, Wisconsin, October 26-28, 1956.

Urge Formation of Similar Groups

The members of the Kanawha Medical Assistants' Society hope that medical assistants in other counties will organize similar groups, to be composed of medical assistants in their particular communities. The Society is not now a member of the American Association of Medical Assistants, as there must be more than one chapter in a state before there can be affiliation with the national group.

The Kanawha Society will gladly furnish to interested persons all information available concerning the work of the Society. Inquiries should be addressed to Mrs. Eulalia Hanley, care Dr. F. C. Reel, Medical Arts Building, Charleston.

It is our hope that members of the West Virginia State Medical Association will recognize our group for the work that is being done by the members toward bringing about a closer relationship and the establishment of goodwill with the medical profession.

*This article is an abstract of a comprehensive report outlining the objectives and activities of the Kanawha Medical Assistants' Society, which was organized two years ago by medical assistants in Kanawha County. The report was written by Mrs. Esther Raisbeck, of Charleston, the publicity chairman.

Medical Assistants Organize National Association

Medical assistants in West Virginia will be interested to know that the American Association of Medical Assistants was organized at a meeting in Milwaukee, Wisconsin, late in October. The three-day meeting was attended by 250 medical assistants, representing 16 states.

A resume of the meeting, as reported by Dr. George F. Lull in the AMA Secretary's Letter, is as follows:

Doctors' office aides now have a new national organization of their own: the American Association of Medical Assistants. The association was organized officially at a meeting in Milwaukee late in October, attended by 250 medical assistants representing 16 states.

"Medical assistant" is the term generally applied to any person employed in a physician's office or clinic as a nurse, secretary, receptionist, technician or combination "Girl Friday."

Nationwide Organization

Last fall I reported that 75 women had turned out for a meeting called by the Kansas Medical Assistants

Society in Kansas City, Kansas, to discuss possibilities of launching a national organization. All who attended that meeting expressed a unanimous desire to proceed with national organizational efforts and during the past year a committee has been working toward that objective.

A year ago there were just nine state medical assistants groups in existence. Since last fall three new state groups have been formed and others are being organized. In almost every case, state assistants groups have the official blessing of state medical societies and generally a physicians advisory committee is appointed to offer suggestions in program-planning and project designing.

According to the A.A.M.A. constitution, membership is open to anyone who works under a physician's supervision and who is an active member of a state medical assistants group.

The organization is non-profit and an uncompromising statement rules out any unionization efforts within the group: "It is not nor shall it ever become a trade union or collective bargaining agency."

Objectives of the Organization

The objectives of the organization parallel those of the medical profession: "To inspire members to render honest, loyal and more efficient service to the profession and public; to strive to cooperate with the profession in improving public relations; to render educational services for the self-improvement of members and to stimulate a feeling of fellowship and cooperation; and to encourage and assist all unorganized medical assistants in forming local and state societies."

A six-member physicians advisory committee to A.A.M.A. is to be selected within the next few months by the executive committee of the association from names proposed by the state assistants groups.

The A.A.M.A. wound up its three-day deliberations with election of officers. Maxine Williams, Kansas City, Kansas, who has served as chairman of the organizational committee during the past year, is president, and Mrs. Mary Kinn of Santa Ana, Calif., president-elect. Mrs. Marian Little, Cedar Rapids, Iowa, was named vice-president; Alice Budny, Milwaukee, recording secretary, and Mrs. Carmen Kline, Kansas City, Kansas, treasurer. Next year's meeting will be held in San Francisco in October, and Chicago was selected as site of the 1958 meeting.

Auto Emblems Available

A supply of auto emblems, bearing the insignia of the West Virginia State Medical Association, is kept on hand at all times at the headquarters offices in Charleston. The price of each emblem is $3.25 postpaid.

Southern Medical Honors Doctor Gallagher

Dr. Mary Virginia Gallagher, prominent pediatrician of Charleston, was elected chairman of the division of women physicians of the Southern Medical Association at the annual meeting, held in Washington, D. C., November 12-15, 1957.

Hygeia Facilities Foundation, Inc., Offers Rural Health Award

Hygeia Facilities Foundation, Inc., of Charleston, has announced its competition for the 1957 Rural Health Award and Rural Health Loan.

The Award, consisting of a $1,000 fellowship grant, is offered to West Virginia physicians in accredited internships and residencies or other physicians in accredited West Virginia internships and residencies eligible for West Virginia license "to introduce them to rural or semi-rural community medical practice and assist such communities in obtaining and supporting medical services of high quality."

The Award is made with the understanding that the successful candidate will, in turn, agree to practice in one of three selected West Virginia communities for a period of two years at the conclusion of his current training period.

The Loan to the successful candidate is for $1,000, payable within five years without interest, with the understanding that such successful candidate will also agree to practice in one of three West Virginia communities for a period of one year at the conclusion of his current training period.

Candidates may apply for either the Award or Loan and should state in their applications the grant that is sought, and the reason for the interest in the grant as well as in rural health practice. Three letters of evaluation from chiefs of services should accompany the application.

All communications should be addressed to Award Committee, Hygeia Facilities Foundation, Inc., Box 1023, Charleston, West Virginia.

Poll Shows Pathologists Available For Cytological Service

During the fall meeting of the West Virginia Association of Pathologists, held in Charleston on October 26, 1956, a committee was appointed by the president, Dr. Herman Fischer of Clarksburg, to clarify the position of the pathologists with reference to their availability for making cytologic examinations in this state.

The entire membership of the Association, which is a section of the West Virginia State Medical Association, was polled by the committee with the result that cytological service was found to be available through all of the members.

The suggestion has been made by the committee that physicians desiring to make use of these facilities should contact a pathologist in their particular area.

Doctor Fischer will serve as president of the Association until January 1, 1957, when he will be succeeded by Dr. W. G. J. Putschar of Charleston, the president elect.

Dr. Boyd K. Black of Parkersburg will succeed Doctor Putschar as president elect on January 1, and Dr. David F. Bell, Jr., of Bluefield, will continue as secretary-treasurer.

Preston County Medical Society Sponsors Heart Clinic

The Preston County Medical Society held its second annual Heart Clinic at Kingwood on November 8. The Clinic was held with the active cooperation of the Preston County Memorial Hospital in Kingwood, and the Preston County Heart Association.

Dr. Jerome C. Arnett of Rowlesburg served as director of the Clinic, and Dr. R. J. Condry of Elkins, and Dr. James H. Walker of Charleston were the clinicians. Dr. L. L. Duncan of Morgantown, associate professor of pathology at West Virginia University School of Medicine, also was a guest lecturer on the program.

Members of the Preston County Medical Society presented selected cases for diagnosis and treatment. The Preston County Memorial Hospital furnished complete laboratory and x-ray work on all patients in the Clinic.

Interim Meeting of NNP Section Held in Spencer

The fall scientific meeting of the State Medical Association's Section on Neurology, Neurosurgery and Psychiatry was held at Spencer State Hospital in Spencer on October 27, and the following program presented:

"Intracranial Ependymoma."—E. L. Gage, M. D., Bluefield.

"Ideology and Treatment of Acute Brain Syndromes."—James B. Craig, Associate Professor of Psychiatry, Ohio State University College of Medicine, Columbus.

"A Review and Evaluation of Lobotomies."—Isaac East, M. D., Spencer.

The next interim meeting of the Section will be held at Wheeling sometime in April, 1957. The regular annual meeting is scheduled for the Greenbrier, White Sulphur Springs, during the 90th annual meeting of the West Virginia State Medical Association in August, 1957.

Dr. Hiram W. Davis of Huntington is president of the Section, and Dr. E. L. Gage of Bluefield, secretary-treasurer.

Doctor Holroyd Heads Reference Committee

Dr. Frank J. Holroyd of Princeton, one of the two AMA delegates from West Virginia, has been appointed chairman of the Reference Committee on Medical Military Affairs and served in that capacity during the Clinical Session of the AMA in Seattle, Washington, November 27-30, 1956.

The appointment was made by the speaker of the House of Delegates, Dr. E. Vincent Askey of Los Angeles, California.

The other members of the committee are Drs. Philip S. Foisie of Milton, Massachusetts; Wesley W. Hall of Reno, Nevada; Archie O. Pitman of Hillsboro, Oregon; and H. Relton McCarroll of St. Louis, representing the Section on Orthopedic Surgery.

Inauguration Ceremonies for MCV President on Dec. 17

The inauguration of Dr. Robert Blackwell Smith, Jr., as the fourth president of the Medical College of Virginia will take place on December 17 at 11:00 A. M., at The Monumental Church, in Richmond. The Chairman of the Board of Visitors of the college, Buford Scott, will preside at the inaugural ceremony.

The presiding officer, after greeting the delegates, will present Chancellor William Thomas Sanger, who will introduce the speaker for the occasion, Dr. Joseph Clarke Robert, president of Hampden-Sydney College. His subject will be "The Healing Arts and the American Way."

The chairman of the Board of Visitors will present Doctor Smith for induction as president. The oath of office will be administered by the Honorable Edwin Wren Hudgins, chief justice of the Supreme Court of Appeals of Virginia.

Greetings to President Smith will then be brought from the student body by Archer Kilbourne Tullidge, the president; from the faculty by Dr. Frank Longstaff Apperly, professor of pathology; from the alumni association by Dr. James Thomas Tucker, the president; from the Virginia institutions of higher learning by Dr. Colgate Whitehead Darden, president of the University of Virginia; and from the Commonwealth of Virginia by Governor Thomas Bahnson Stanley. Doctor Smith's response will follow.

After the inaugural exercises, there will be a luncheon for delegates and their wives in the Social Center of the college, followed by a reception in the headquarters of the Alumni Association. Tours covering all activities of the college will be arranged for those who wish to take them.

The committee in charge of arrangements is headed by Major General William F. Tompkins, MCV comptroller. Others on the committee are Doctor Arrington, George W. Bakeman, Doctor Brashear, Charles P. Cardwell, Jr., Thelma Vaine Hoke, Jonah L. Larrick, Sidney S. Negus, Frank P. Pitts and Doctor Sanger.

ADA Reelects Dr. G. P. Heffner

Dr. George P. Heffner of Charleston has been reappointed by the American Diabetes Association as Governor for West Virginia for the organizational year, 1956-57.

The Association has announced that the Board of Governors established a few years ago included a representative from each state.

The appointment of Doctor Heffner was reported to Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, by Dr. Frederick W. Williams of New York City, president of the American Diabetes Association.

In his letter to Doctor Lutz, Doctor Williams said that "the appointment of a Governor for each state will do a great deal, we believe, to stimulate interest in diabetes and related conditions, as well as facilitate coordination of activities in this field."

State Pharmaceutical Association Elects New Officers

C. H. Troxell of Fairmont has been elected president of the West Virginia State Pharmaceutical Association. Other officers were named as follows in a ballot taken by mail early in November:

First vice president, H. R. Ridenour, Huntington; second vice president, J. Lester Hayman, Morgantown; and third vice president, Minter B. Ralston, Weston. J. Ray Fredlock of Morgantown was elected a member of the council.

The mail ballot was taken by the secretary-manager, William J. Dixon, of Oak Hill, who announced that the new officers will be installed at the annual meeting at the Greenbrier, in White Sulphur Springs, August 18-20, 1957.

Medical Meetings, 1956-57

The following is a partial list of national, state and district medical meetings scheduled for 1956-57:

Dec. 1—Golden Anniversary, E. Panhandle Med. Soc., Martinsburg.

Dec. 2—Regional Meeting, W. Va. Chap. AAGP, Martinsburg.

Dec. 4-6—So. Surgical Assn., Boca Raton, Fla.

Jan. 7-9—Medical Licensing Board, Charleston.

Feb. 10-12—Congress on Medical Education and Licensure, Chicago.

Mar. 11-14—New Orleans Graduate Medical Assembly.

Mar. 15-16—W. Va. Chap., ACS, White Sul. Spgs.

June 3-7—AMA Annual Meeting, New York City.

Aug. 1-3—W. Va. Hospital Assn., White Sul. Spgs.

Aug. 18-20—W. Va. St. Pharmaceutical Assn., White Sul. Spgs.

Aug. 22-24—W. Va. St. Med. Assn., White Sul. Spgs.

Mississippi Valley Medical Society Announces Essay Contest

The Mississippi Valley Medical Society has announced its annual essay contest for 1957. Contributions will be accepted only from physicians who are members of the AMA and who are residents and citizens of the United States.

Any subject of general medical or surgical interest, including medical economics and medical education, may be submitted, provided the paper has not heretofore been published, and is of interest and applicable value to general practitioners of medicine. Manuscripts must not exceed 5,000 words and must be submitted in five complete copies.

The winner will receive a cash prize of $100.00, a gold medal and a certificate, and also an invitation to address the annual meeting of the Society in St. Louis, September 25-27, 1957. The deadline for entering essays is May 1, 1957. Winning essays are published each year in the January issue of the Mississippi Valley Medical Journal.

Further details concerning the contest may be obtained by writing Harold Swanberg, M. D., Secretary, 209-224 W.C. U. Building, Quincy, Illinois.

Maternal Welfare Committee Studies Standards for Newborn Services

At a meeting of the Committee on Maternal Welfare, held at the Chancellor Hotel in Parkersburg, on November 4, 1956, the "Standards for Hospital Maternity and Newborn Services," prepared by Dr. F. H. Dobbs of Charleston, was submitted for consideration. It was agreed that copies of the brochure are to be studied by the members and given further consideration at a meeting scheduled for Parkersburg on December 9.

Dr. Helen B. Fraser of Charleston presented copies of a "Newborn Record" for use in hospital nurseries, prepared by Dr. W. W. Currence of Charleston, pediatric consultant to the State Department of Health.

It was reported that the record forms, similar to those recommended by the Academy of Pediatrics, have received the approval of the West Virginia Pediatric Society and are available in quantity to any hospital in West Virginia.

It was explained by Doctor Fraser that several hospitals in the state do not have a separate newborn record, and the purpose of the new form is to encourage the adoption of such a record for continued use.

It was announced at the meeting that Doctor Fraser has resigned as director of the Division of Maternal and Child Health to accept a similar office in Kentucky. The chairman announced that he would endeavor to have Dr. N. H. Dyer, State Director of Health, agree to the appointment of Doctor Dobbs as the State Health Department's consultant to the committee.

Miss Edith Jungblut, a bio-statistician, attached to the State Health Department, was present at the meeting, and the chairman announced that she will be available as a consultant to the committee on matters concerning maternal and perinatal mortality.

Substitution of AMA Publication for JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Ophthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

With the tuberculosis death rate continuing its gratifying sharp decline, the tuberculin reaction is becoming increasingly important in differential diagnosis.—James E. Perkins, M. D., in Journal-Lancet.

Dr. J. C. Arnett Attends AMA Conference at Purdue

Dr. J. C. Arnett of Rowlesburg, chairman of the Committee on Rural Health, represented the West Virginia State Medical Association at the First Annual Study Conference of the AMA Council on Rural Health, held October 19-20, at Purdue University, Lafayette, Indiana.

In submitting a report of this interesting conference, Doctor Arnett stated that the principle of meeting with chairmen, executive officers and rural health specialists (employed by state medical societies) is undoubtedly an excellent method of approaching the whole problem of rural health.

Doctor Arnett's Report

The report prepared for publication in the West Virginia Medical Journal is as follows:

A few of the many important points brought out at the conference included the setting up of an advisory committee to the State Medical Association's rural health committee, to meet annually, and to be composed of a representative selected by the agency, such as the Agricultural Extension Service, Home Demonstration Agents, 4-H Clubs, F.F.A., Grange, State Department of Health, Veterinary Medicine, Ministerial Association, etc., all with active power of representation.

With promoting rural hospitals, an active program of emergency care during National emergencies is needed because of the necessity of decentralization for this service into rural areas during war.

Several state associations lead our state in rural health activities. The North Carolina representatives suggested organization of a group of rural physicians to give lectures in their communities on local rural health problems. Cooperation of physicians is necessary in holding pre-school clinics and doing routine physical examinations of school children (either gratis or by law as in New York, where a fee of $1.00 per student is paid.

Preceptorship programs in medical schools for senior medical students and lectures to them by rural physicians was emphasized. This program is already under way in our new medical school.

Since 65.4 per cent of West Virginia's population is rural, it was suggested that we set up an active program whereby the physician may cooperate with the above agencies, through the advisory committee, to obtain the help of 4-H Clubs, etc. It was brought out that very little time is required by the physician, and that his cooperation and leadership is most essential.

The Virginia Society has appropriated $500 for a series of $25 prizes to essayists from their 4-H Clubs and has produced some sound information. Some states appropriate a sum (not to exceed $175.00) to sponsor one representative of that group to the annual meeting of the National Committee on Boys and Girls Club Work, in Chicago, to go along with the one now sponsored by Eli Lilly Company.

To improve local attendance of physicians to society meetings it was suggested that societies embracing more than one county be split into smaller county societies, thereby increasing also local representation to state society meetings. It was also suggested that the State Medical Association employ a specialist trained in public relations and rural health.

Throughout the entire session speakers stressed the importance of encouraging physicians to take part in local community activities and urging the rural family to select a family doctor before illness strikes. He can and in most cases would like to be a personal friend.

Change of Address

Members of the West Virginia State Medical Association are requested to notify the headquarters offices promptly concerning any change in address. Notices should be mailed to Box 1031, Charleston 24, West Virginia.

1957 ACCP Postgraduate Courses

The Council on Postgraduate Medical Education of the American College of Chest Physicians will present postgraduate courses on Diseases of the Chest, January-April 1957 as follows:

January 14-18—Vanderbilt University, Nashville, Tennessee.

February 25-March 1—Mark Hopkins Hotel, San Francisco, California.

April 1-5—Bellevue-Stratford Hotel, Philadelphia, Pa.

Recent advances in the diagnosis and treatment of chest diseases (medical and surgical) will be presented. Tuition for each course is $75.00.

Full information concerning the PG courses may be obtained by writing to Mr. Murray Kornfeld, Executive Director, ACCP, 112 E. Chestnut Street, Chicago 11, Illinois.

Ob. and Gyn. Examinations

The American Board of Obstetrics and Gynecology has announced that the next scheduled examinations (Part I), written, for all candidates will be held in various cities of the United States, Canada, and military centers outside the Continental United States, on Friday, February 1, 1957, at 2:00 p. m.

Candidates must submit case reports to the office of the Secretary within thirty days after being notified of their eligibility to Part I. Cases must be prepared in the manner described in the Bulletin of the Board and submitted with a duplicate index list.

Requests for reexamination in Part II must be received prior to February 1, 1957.

Current Bulletins outlining present requirements may be obtained by writing Robert L. Faulkner, M. D., Secretary, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

..epileptic
MEDICAMENTA VERA
PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

15¢ Bottle of 24 tablets (2½ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION

of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.

prevent reactions

protect your penicillin therapy...

To safeguard your patients add 1 cc. of CHLOR-TRIMETON Injection 100 mg./cc. to each 10 cc. vial of aqueous penicillin.

Supplied: 2 cc. multiple-dose vial. For intramuscular and subcutaneous administration.

CHLOR-TRIMETON® maleate, brand of chlorprophenpyridamine maleate.

CT-J-58

Pork in the Human Dietary

PORK MAY be looked upon as an important factor in America's general health and well-being. The average intake of pork in America is about 46 pounds of lean pork and 20 pounds of bacon and salt pork per person each year.[1] But America's demand for pork goes further than taste appeal and deeper than mere statistics. Pork makes a valuable contribution to day-in-and-day-out nutrition.

Pork rates among the foremost sources of thiamine. As a source of all other B vitamins and many essential minerals, such as iron and phosphorus, pork meat is considered an important dietary constituent.

Lean pork is virtually completely digestible. Its protein serves to promote growth and aid in the maintenance of tissue cells. Like all high quality protein, that of pork aids in the elaboration of protein hormones, enzymes, and antibodies.

Pork constitutes a valuable part of the daily diet (Table I), and also contributes importantly to the nutrition of the pregnant woman (Table II).

Pork and pork products have won America's favor by their unique combination of economy, palatability, and nutritional value.

---

1. Consumption of Food in the United States, 1909-1952 Washington, D.C., United States Department of Agriculture, Bureau of Agricultural Economics, Agricultural Handbook No. 62, September, 1953.
2. Watt, B.K., and Merrill, A.L.: Composition of Foods—Raw, Processed, Prepared, Washington, D.C., United States Department of Agriculture, Agr.cultural Handbook No. 8, 1950.
3. Bowes, A. deP., and Church, C.F.: Food Values of Portions Commonly Used, ed. 7, Philadelphia, Anna dePlanter Bowes, 1951.
4. Cheldelin, V.H., and Williams, R.J.: Studies on the Vitamin Content of Tissues, II, Houston, Texas, University of Texas Publication No. 4237, 1942.
5. Schweigert, B.S.; Nielsen, E.; McIntire, J.N., and Elvehjem, C.A.: Biotin Content of Meat and Meat Products, J. Nutrition *26*:65 (July) 1943.
6. Scheid, H.E., and Schweigert, B.S.: The Vitamin B_{12} Content of Meat, Annual Report, An Outline of Research During the Fiscal Year 1953-54, Chicago, American Meat Institute Foundation, Bull. 22, 1955.
7. Estimated on basis of protein content of meats. Sherman. H.C.: Food Products, ed. 4, New York, The Macmillan Company, 1948 p. 155.
8. Recommended Dietary Allowances, Washington, D.C., National Academy of Sciences—National Research Council, Publication 302, 1953.

Cooked Pork Chops, Ham, and Pork Sausage
Nutrients and Calories Provided by 3-Ounce Portions

TABLE I	Protein Gm.	Thiamine mg.	Niacin mg.	Riboflavin mg.	Iron mg.	Phosphorus mg.	Calories
Pork Chops, without bone, cooked, 3 oz.[2]	20	0.71	4.3	0.20	2.6	200	284
Ham, without bone, cooked, 3 oz.[2]	20	0.45	4.0	0.20	2.6	202	338
Pork Sausage, cooked, 3 oz.[3]	14	0.42	2.8	0.20	2.1	139	396

3.5 ounces of fresh pork loin, equivalent to approximately 3 ounces of cooked loin, contains 0.47 mg. pantothenic acid;[4] 0.10 mg. pyridoxine;[4] 0.005 mg. biotin;[5] 36 mg. inositol;[4] 0.08 mg. folic acid;[4] 0.0027 mg. vitamin B_{12};[6] 63 mg. chlorine;[7] 0.1 mg. copper;[7] 20 mg. magnesium;[7] 280 mg. potassium;[7] 70 mg. sodium;[7] and 0.01 mg. manganese.[7]

Nutrients and Calories of Cooked Pork Chops (3 ounces) Expressed as Percentages of Recommended Daily Dietary Allowances[8]

TABLE II Percentages of Allowances for:	Protein	Thiamine	Niacin	Riboflavin	Iron	Phosphorus	Calories
Girls, 13-15 years of age; weight, 108 lb.; height, 63 inches.	25%	55%	33%	10%	17%	15%	11%
Women, 25 years of age; weight, 121 lb.; height, 62 inches.	31%	59%	36%	14%	22%	17%	12%
Pregnant Women (3rd trimester)	25%	47%	29%	10%	17%	13%	11%

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago... Members Throughout the United State

new horizons...

...in antibiotic therapy are revealed by current reports on

Tetracyn® – **Pfizer-discovered tetracycline**

BRAND OF TETRACYCLINE

Tetracycline is notable among broad-spectrum antibiotics for its solubility and stability. And, clinical trials have established that tetracycline is an efficient antibiotic against those diseases due to susceptible microorganisms.

Tetracyn is available in a variety of oral, parenteral and topical dosage forms for the

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.

Erythromycin in treatment of abscess

6/21/55

DISCHARGE SUMMARY

On 5/23/55 this patient (colored female, age 24) underwent an excisional biopsy of a breast tumor. On 5/24 tumor was removed and patient discharged from hospital on following day.

On 6/3/55 patient was readmitted because of purulent discharge from wound. On 6/3 a hemolytic Staph. aureus (coag. +) was isolated from abscess with the following disk sensitivities: penicillin, 1.5 units; erythromycin, 10 mcg; tetracycline, 10 mcg. Patient was placed on penicillin, 600,000 units b.i.d. for 10 days. On this schedule patient improved but progress was unsatisfactory and wound continued to discharge small amount of purulent material.

On 6/13 penicillin was discontinued and erythromycin started in dosage of 200 mgm. q.i.d. By 6/17 the discharge had stopped and wound was completely healed by 6/19. Erythromycin was continued until the patient was discharged from hospital on 6/21. Temp. was normal throughout hospital stay.

Final diagnosis: breast abscess due to Staph. aureus.

Result: rapid and complete recovery on erythromycin following failure of penicillin.

Communication to Abbott Laboratories.

ecific against
ccic infections

Now, you can prescribe an antibiotic (*Filmtab* ERYTHROCIN) that provides *specific therapy* against staph-, strep- or pneumococci. Since these organisms cause most bacterial respiratory infections (and since they are the very organisms most sensitive to ERYTHROCIN) doesn't it make good sense to prescribe ERYTHROCIN when the infection is coccic?

filmtab®

Erythrocin®
(Erythromycin, Abbott)
STEARATE

th little risk of
rious side effects

Since ERYTHROCIN is inactive against gram-negative organisms, it is less likely to alter intestinal flora—with an accompanying low incidence of side effects. Also, your patients seldom get the allergic reactions sometimes seen with penicillin. Or loss of accessory vitamins during ERYTHROCIN therapy. *Filmtab* ERYTHROCIN (100 and 250 mg.), bottles of 25 and 100.

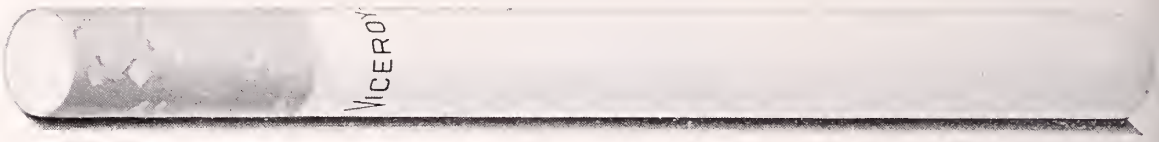
Abbott

filmtab®

Erythrocin®
(Erythromycin, Abbott)
STEARATE

®Filmtab—Film sealed tablets; patent applied for.

Yes, you can have Real Tobacco Taste in a Filter Cigarette!



The VICEROY filter tip contains 20,000 tiny filters made exclusively from pure, white cellulose. This is twice as many as the next two largest-selling filter brands.

No wonder VICEROY gives you that fresh, clean, real tobacco taste you miss in other filter brands. No wonder so many doctors now smoke and recommend King-Size VICEROYS.

New Booklet Presents Latest Facts on Feeding the Sick

Adequate nutrition during illness and convalescence is essential for recovery whether the patient is managed in the hospital or at home. In the latter case, physicians often must devote much time to instructing those responsible for caring for the sick in good nutritional practices.

"Meal Planning for the Sick and Convalescent" has been designed to relieve you of the need for repeating over and over again essential dietary facts. This new Knox booklet presents in layman's language the latest nutritional applications of proteins, vitamins and minerals, gives practical hints on serving food to adults and children, suggests ways to stimulate appetite and describes diets from clear liquid to full convalescent. Best of all it offers the homemaker for the first time detailed daily suggested menus for each type of diet, plus 14 pages of tested nourishing recipes.

If you would like copies of this new timesaving Knox booklet for your practice, use the coupon below.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Department SJ-13
Johnstown, N. Y.

Please send me.....copies of the new Knox "Sick and Convalescent" booklet.

YOUR NAME AND ADDRESS

the drug of choice

. . . as a tranquilizing (ataractic) agent in anxiety and tension states . . . in hypertension*

RAUDIXIN

Squibb Whole Root Rauwolfia

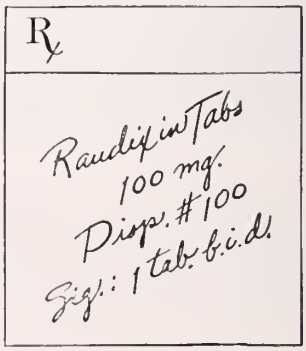
As a tranquilizing agent in office practice, Raudixin produces a calming effect, usually free of lethargy and hangover and without the loss of alertness often associated with barbiturate sedation. It does not significantly lower the blood pressure of normotensive patients.

In hypertension, Raudixin produces a gradual, sustained lowering of blood pressure. In addition, its mild bradycardic effect helps reduce the work load of the heart.

- Less likely to produce depression
- Less likely to produce Parkinson-like symptoms
- Causes no liver dysfunction
- No serial blood counts necessary during maintenance therapy

- Raudixin is not habit-forming; the hazard of overdosage is virtually absent. Tolerance and cumulation have not been reported.
- Raudixin supplies the *total* activity of the whole rauwolfia root, accurately standardized by a rigorous series of test methods. The total activity of Raudixin is not accounted for by its reserpine content alone.

Supply: 50 mg. and 100 mg. tablets, bottles of 100 and 1000.



*Ataractic, from ataraxia: calmness untroubled by mental or emotional excitation. (Use of term suggested by Dr. Howard Fabing at a recent meeting of the American Psychiatric Association.)

SQUIBB

"RAUDIXIN"® IS A SQUIBB TRADEMARK

RAPIDLY EFFECTIVE

BROAD-SPECTRUM ANTIBIOTIC THERAPY

. . . WELL TOLERATED . . .

BY THE INTRAMUSCULAR ROUTE

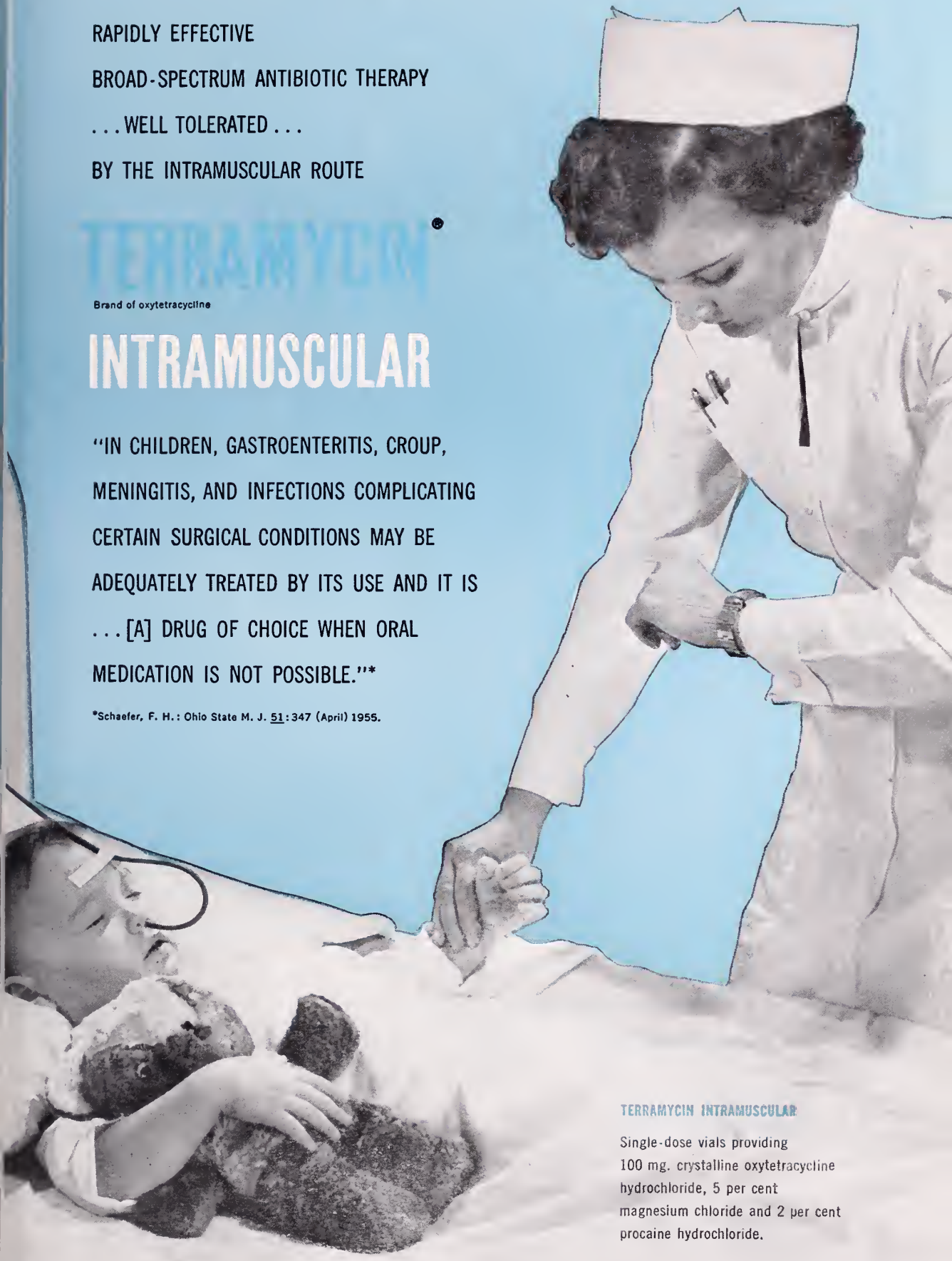
TERRAMYCIN®

Brand of oxytetracycline

INTRAMUSCULAR

"IN CHILDREN, GASTROENTERITIS, CROUP, MENINGITIS, AND INFECTIONS COMPLICATING CERTAIN SURGICAL CONDITIONS MAY BE ADEQUATELY TREATED BY ITS USE AND IT IS . . . [A] DRUG OF CHOICE WHEN ORAL MEDICATION IS NOT POSSIBLE."*

*Schaefer, F. H.: Ohio State M. J. 51:347 (April) 1955.



TERRAMYCIN INTRAMUSCULAR

Single-dose vials providing 100 mg. crystalline oxytetracycline hydrochloride, 5 per cent magnesium chloride and 2 per cent procaine hydrochloride.

Pfizer

PFIZER LABORATORIES, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

24-hour control

for the majority of diabetics

GLOBIN INSULIN

'B.W. & CO.'®

a clear solution . . . easy to measure accurately

Discovered by Reiner, Searle, and Lang in The Wellcome Research Laboratories

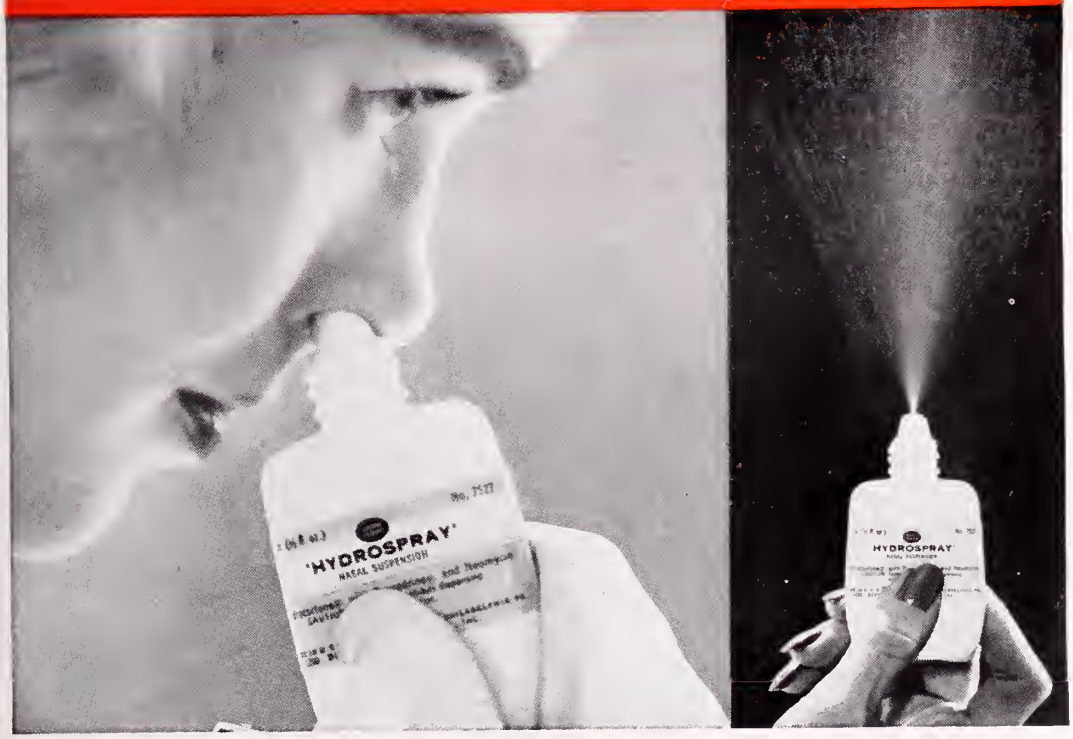
BURROUGHS WELLCOME & CO. (U. S. A.) INC. • Tuckahoe 7, New York

'Hydrospray' NASAL SUSPENSION

(HYDROCORTONE® WITH PROPADRINE® AND NEOMYCIN)

Anti-inflammatory—
Decongestant—Antibacterial

MAJOR ADVANTAGES: New synergistic anti-inflammatory, decongestant and antibacterial formula. High steroid content assures effective response.



Topically applied hydrocortisone[1] in therapeutic concentrations has been shown to afford a significant degree of subjective and objective improvement in a high percentage of patients suffering from various types of rhinitis. HYDROSPRAY provides HYDROCORTONE in a concentration of 0.1% plus a safe but potent decongestant, PROPADRINE, and a wide-spectrum antibiotic, Neomycin, with low sensitization potential. This combination provides a three-fold attack on the physiologic and pathologic manifestations of nasal allergies which results in a degree of relief that is often greater and achieved faster than when any one of these agents is employed alone.
INDICATIONS: Acute and chronic rhinitis, vasomotor rhinitis, perennial rhinitis and polyposis.

SUPPLIED: In squeezable plastic spray bottles containing 15 cc. HYDROSPRAY, each cc. supplying 1 mg. of HYDROCORTONE, 15 mg. of PROPADRINE Hydrochloride and 5 mg. of Neomycin Sulfate (equivalent to 8.5 mg. of neomycin base).

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

REFERENCE: 1. Silcox, L. E., *A.M.A. Arch. Otolaryng.* **60**:431, Oct. 1954.

for a spastic GUT

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

C I B A
Summit, N. J.

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

2/2228M

ANNUAL CLINICAL CONFERENCE
CHICAGO MEDICAL SOCIETY

FEBRUARY 28, 29, MARCH 1 and 2, 1956

PALMER HOUSE, CHICAGO

DAILY HALF-HOUR LECTURES BY OUTSTANDING TEACHERS AND SPEAKERS on subjects of interest to both general practitioner and specialist.

PANELS ON TIMELY TOPICS.

TEACHING DEMONSTRATIONS.

SCIENTIFIC EXHIBITS worthy of real study and helpful and time-saving TECHNICAL EXHIBITS.

The CHICAGO MEDICAL SOCIETY ANNUAL CLINICAL CONFERENCE should be a MUST on the calendar of every physician. Plan now to attend and make your reservation at the Palmer House.

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

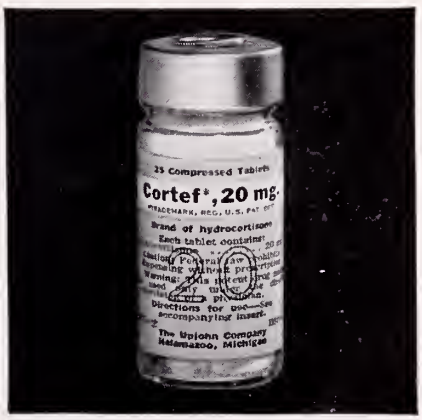
Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan



when sniffles hit the classroom

AND
NASAL CONGESTION
MAKES YOUNGSTERS
MISERABLE

Designed specifically for children*

Prompt and
Prolonged Decongestion
Sinus Drainage and Aeration

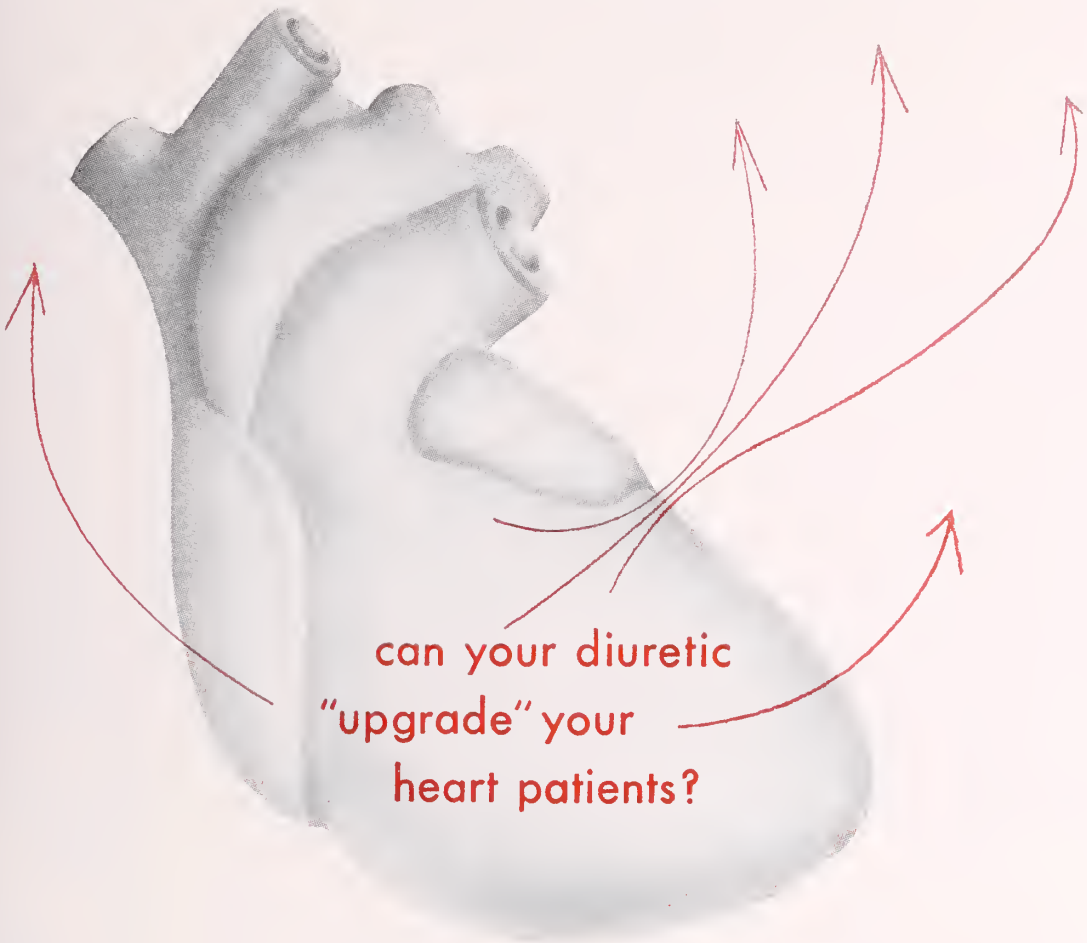
NO STING • NO SEDATION • NO EXCITATION

Plastic Unbreakable Squeeze Bottle
Leakproof, Delivers a Fine Mist

*Also well suited for adults who prefer a mild spray.

Winthrop LABORATORIES • NEW YORK 18, N. Y. • WINDSOR, ONT.

Neo-Synephrine (brand of phenylephrine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.



know your diuretic

fewer restrictions of activity are the benefit of prolonged use of those diuretics effective over the entire range of cardiac failure. The organomercurials—parenteral and oral—improve the classification and prognosis of your decompensated patients. Diuretics of value only in milder grades of failure, or which must be given intermittently because of refractoriness or side effects, are incapable of "upgrading" the cardiac patient.

TABLET
NEOHYDRIN®
BRAND OF CHLORMERODRIN

(18.3 MG. OF 3-CHLOROMERCURI-2 -METHOXY-PROPYLUREA IN EACH TABLET)

for "...a new picture of the patient in congestive heart failure."*
replaces injections in 80% to 90% of patients
*Leff, W., and Nussbaum, H. E.: J. M. Soc. New Jersey 50:149, 1953.

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

Leadership in diuretic research
Lakeside LABORATORIES, INC., MILWAUKEE 1, WISCONSIN

88855

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: ATHEY R. LUTZ, Parkersburg
First Vice President: E. LYLE GAGE, Bluefield
Second Vice President: CHARLES A. HOFFMAN, Huntington
Treasurer: T. M. BARBER, Charleston
Executive Secretary: MR. CHARLES LIVELY, CHARLESTON
Ass't. Exec. Sec'y.: MR. WM. H. LIVELY, Charleston

A. M. A. Delegates:
WALTER E. VEST (1956), Huntington
FRANK J. HOLROYD (1957), Princeton

A. M. A. Alternates:
JACOB C. HUFFMAN (1956), Buckhannon
THOMAS G. REED (1957), Charleston

COUNCIL

Chairman: J. P. MCMULLEN, Wellsburg
At Large: RUSSEL KESSEL, Charleston

First District:
GEORGE T. EVANS (1956), Fairmont
R. ALAN FAWCETT (1957), Wheeling

Second District:
CHARLES L. LEONARD (1956), Elkins
CARL E. JOHNSON (1957), Morgantown

Third District:
JOHN F. MCCUSKEY (1956), Clarksburg
J. C. HUFFMAN (1957), Buckhannon

Fourth District:
RAY H. WHARTON (1956), Parkersburg
FRANCIS L. COFFEY (1957), Huntington

Fifth District:
EVERETT H. STARCHER (1956), Logan
RUSSELL A. SALTON (1957), Williamson

Sixth District:
R. R. SUMMERS (1956), Charleston
PHILIP W. ODEN (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J. Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

W. Va. Acad. of Ophthalmology and Otolaryngology
Henry C. Hays, Williamson, President; William F. Beckner, Huntington, First Vice President — President Elect; W. F. Shirkey, Charleston, Second Vice President; and Frederick C. Reel, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health
Edward V. Henson, South Charleston, Chairman; Guy R. Post, Parkersburg, Vice Chairman; and David C. Prickett, Fairmont, Secretary-Treasurer.

Internal Medicine
Clark K. Sleeth, Morgantown, President; and J. J. Lawless, Morgantown, Secretary.

Neurology, Neurosurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

Orthopedic Surgery
Howard G. Weiler, Wheeling, Chairman; H. M. Hills, Jr., Charleston, Vice Chairman; and George Miyakawa, Charleston, Secretary-Treasurer.

West Virginia Association of Pathologists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

W. Va. Pediatric Society
Thomas G. Potterfield, Charleston, President; Warren D. Leslie, Wheeling, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
J. Dennis Kugel, Charleston, President; J. L. Patterson, Logan, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Charles M. Scott, Bluefield, Chairman; and Kenneth G. MacDonald, Charleston, Secretary-Treasurer.

Urology
Henry M. Escue, Charleston, President; C. A. Hoffman, Huntington, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS

W. Va. Society of Anesthesiologists
Newman H. Newhouse, Charleston, President; David A. Haught, Huntington, Vice President; and Richard A. Rose, Weirton, Secretary-Treasurer.

W. Va. Diabetes Association
Halvard Wanger, Shepherdstown, President; Waldo C. Henson, Charleston, Vice President; and Delmer J. Brown, Parkersburg, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
William E. Bray, Jr., Huntington, President; Clark K. Sleeth, Morgantown, President Elect; R. U. Drinkard, Wheeling, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

NOW IN TWO POTENCIES

for more precise dosage

NEW 1 mg. pink tablet | 5 mg. tablet

MOST POTENT ANTI-RHEUMATIC

Sterane*

Both tablets are deep-scored and of the
SAME DISTINCTIVE "FINGER-GRIP" SIZE AND SHAPE
for ease of handling and breaking by arthritic fingers.

anti-rheumatic/anti-allergic/anti-inflammatory

supplied: **Pink,** 1 mg. oral tablets, bottles of 100.
White, 5 mg. oral tablets, bottles of 20 and 100.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

*brand of prednisolone

METICORTEN*

PREDNISONE, SCHERING (metacortandracin)

THE DISTINCTIVE BENEFITS OF HORMONE THERAPY

WITH MORE ASSURANCE OF SAFETY

For physicians who hesitate to use the older corticosteroids because of diminishing therapeutic returns and frequently predominating major undesirable side effects, METICORTEN with its high therapeutic ratio reduces the incidence of certain major undesirable side effects.

- minimizes sodium and water retention
- minimizes weight gain due to edema
- no excessive potassium depletion
- in rheumatoid arthritis, effective relief of pain, swelling, tenderness; diminishes joint stiffness
- in intractable asthma, relief of bronchospasm, dyspnea, cough; increases vital capacity
- clinical response even where cortisone or hydrocortisone ceases to be effective—"cortisone escape"
- effective in smaller dosage

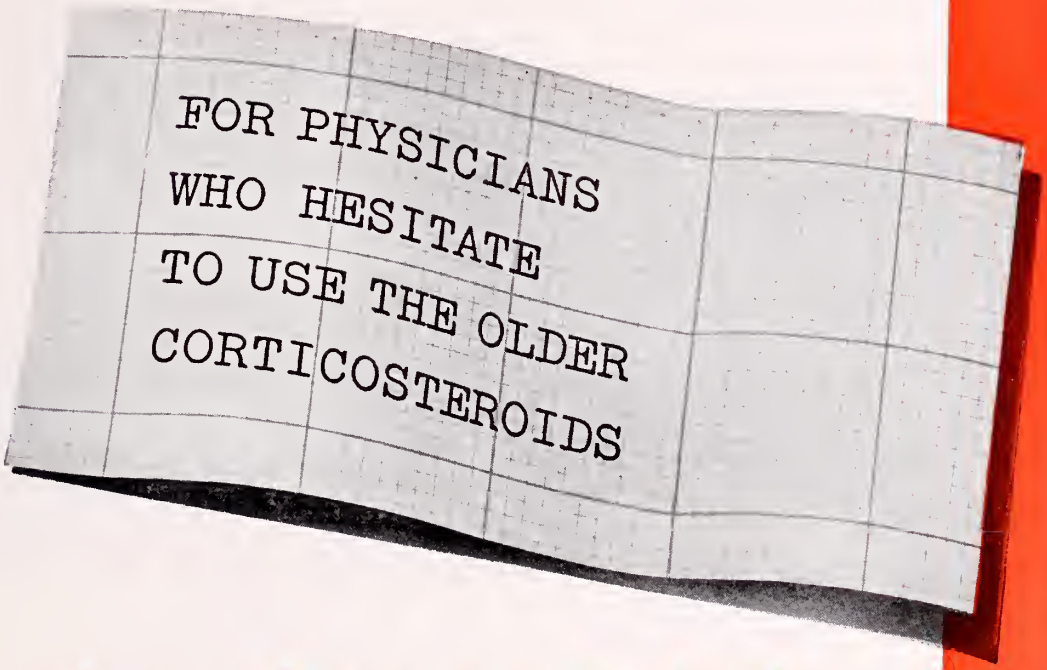
BIBLIOGRAPHY

(1) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (2) Gray, J. W., and Merrick, E. Z.: J. Am. Geriat. Soc. *3*:337, 1955. (3) Boland, E. W.: California Med. *82*:65, 1955. (4) Dordick, J. R., and Gluck, E. J.: J.A.M.A. *158*:166, 1955. (5) Margolis, H. M., and others: J.A.M.A. *158*:454, 1955. (6) Hollander, J. L.: Philadelphia Med. *50*:1357, 1955. (7) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest *27*:515, 1955. (8) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy *26*:189, 1955. (9) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy *26*:201, 1955. (10) Schwartz, E.: J. Allergy *26*:206, 1955. (11) Nelson, C. T.: J. Invest. Dermat. *24*:377, 1955. (12) Robinson, H. M., Jr.: J.A.M.A. *158*:473, 1955. (13) Herzog, H. L., and others: Science *121*:176, 1955. (14) Perlman, P. L., and Tolksdorf, S.: Fed. Proc. *14*:377, 1955. (15) King, J. H., and Weimer, J. R.: Experimental and clinical studies on Meticorten (prednisone) and Meticortelone (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., in press. (16) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Clinical and physiological studies on the use of metacortandracin in respiratory disease. II. Pulmonary emphysema and pulmonary fibrosis, Dis. Chest, to be published. (17) Dordick, J. R., and Gluck, E. J.: Preliminary clinical trials with prednisone (Meticorten) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (18) Goldman, L.; Flatt, R., and Baskett, J.: Assay technics for local anti-inflammatory activity in the skin of man with prednisone (Meticorten) and prednisolone (Meticortelone), J. Invest. Dermat., in press.

METICORTEN,* brand of prednisone.
*T.M.

heumatoid arthritis,

tractable asthma, rheumatic fever, nephrosis, certain skin disorders
ch as acute disseminated lupus erythematosus, acute pemphigus, extensive
opic dermatitis and other allergic dermatoses, and certain eye disorders

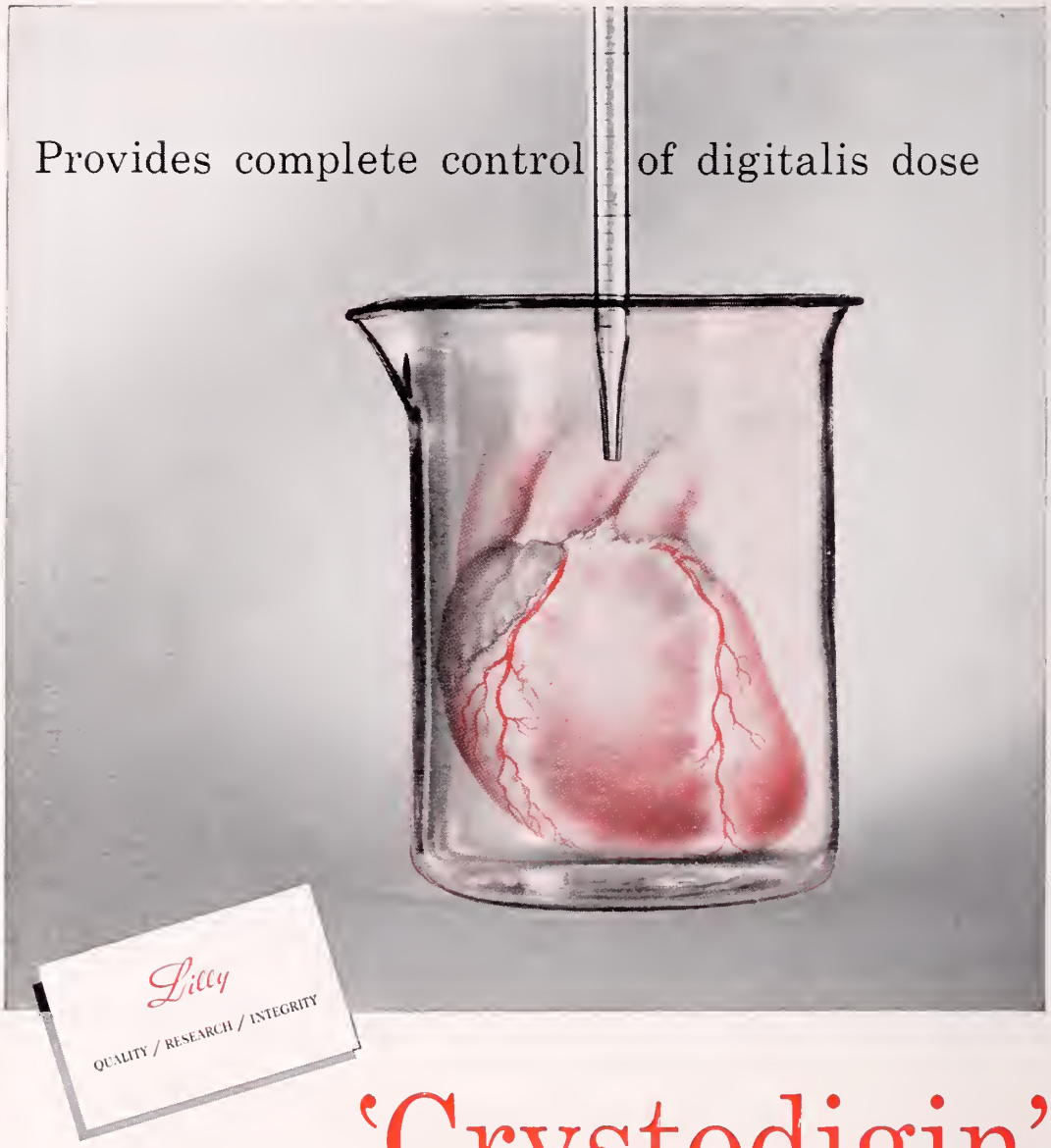


METICORTEN

PREDNISONE, SCHERING (metacortandracin)

SCHERING CORPORATION BLOOMFIELD, NEW JERSEY

MC-J-520



'Crystodigin'

(CRYSTALLINE DIGITOXIN, LILLY)

. . . . . permits accurate dosage titration to produce the maximum therapeutic effect

Available in scored tablets of 0.05 mg. (orange), 0.1 mg. (pink), 0.15 mg. (yellow), and 0.2 mg. (white); and in 1-cc. and 10-cc. ampoules, 0.2 mg. per cc.

Since initial digitalization and maintenance dosage must be carefully individualized, 'Crystodigin' fulfills the important requirements of a preferred digitalis. 'Crystodigin' is a crystalline-pure, uniformly potent single glycoside that is completely absorbed in the gastro-intestinal tract. With 'Crystodigin,' the maximum therapeutic effect can be safely determined by dosage titration in increments as small as 0.025 mg.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

666000

received her M. D. degree from Ohio Medical College, Columbus, in 1902. She was licensed in West Virginia in 1909 and had practiced her profession in Huntington for more than forty years.

She is survived by a son, Dr. Donovan Yost of Lake Forest, Illinois; a brother, Dr. Charles O. Reynolds, of Huntington; and an uncle, Dr. O. E. Reynolds, also of Huntington.

CONGRESS ON INDUSTRIAL HEALTH

Dr. Elmer Hess of Erie, Pennsylvania, president of the American Medical Association, and Benson Ford, vice president of the Ford Motor Company, will be the principal speakers at the 16th annual Congress on Industrial Health which will be held at the Sheraton-Cadillac Hotel in Detroit, Michigan, January 23-24.

The meeting is being sponsored by the AMA Council on Industrial Health in cooperation with the Wayne County Medical Society, the Michigan State Medical Society, the Michigan Industrial Medical Association, the Detroit Industrial Physician's Club, and the Detroit Society for Surgery of Trauma.

Doctor Hess will be among the speakers who will discuss "Medicine's Responsibilities in the Automotive Age" on a program revolving around the subject of automobile accidents and injuries.

There is no good arguing with the inevitable. The only argument available with an east wind is to put on your overcoat.—James Russell Lowell.

COUNTY SOCIETIES

BARBOUR-RANDOLPH-TUCKER

Dr. E. Lyle Gage of Bluefield was the guest speaker at the November meeting of the Barbour-Randolph-Tucker Medical Society, held in Parsons.

The speaker discussed head injuries, pointing out the increased frequencies as the result of automobile accidents. His address was illustrated by slides.

At the business meeting following the scientific program, Dr. Robert R. Rector and Dr. Oscar M. Wilbur, Jr., of Elkins, were elected to membership in the Society.

Coach A. D. Vennari of Belington High School was the guest speaker at the Christmas meeting of the Barbour-Randolph-Tucker Medical Society and Auxiliary held at Phil's Restaurant in Elkins, December 15, 1955. He recounted a number of interesting and amusing incidents during his experience as coach of a high school football and basketball team, most of which happened during the time he has served with Belington High.

Musical selections were given during the meeting by Franklin Kittle, accompanied by Mrs. Watson Johnson.

With "Premarin," relief of menopausal distress is prompt and the "sense of well-being" imparted is highly gratifying to the patient.

"Premarin"® —Conjugated Estrogens (equine)

5513

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all-purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A. Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

At the short business meeting following the speaking program, Dr. Frederick J. McDermott of Elkins was elected to membership in the Society.—Donald R. Roberts, M. D., Secretary.

* * * *

KANAWHA

Dr. William J. Engel, prominent urologist of the Cleveland Clinic, Cleveland, Ohio, and past president of the North Central Section of the American Urological Association, was the gust speaker before Kanawha Medical Society at the meeting held in Charleston on November 8, 1955. His subject was, "Urological Aspects of Hypertension".

It was announced that the council had elected Dr. William L. Jamison and Dr. Joseph T. Skaggs, both of Charleston, as members of the Society.

Dr. W. Paul Elkin of Charleston was elected president of Kanawha Medical Society at the regular monthly meeting held on December 13, 1955. Other officers were elected as follows:

Vice president, Dr. Theodore P. Mantz of Charleston; and secretary-treasurer, Dr. Carl B. Hall, also of Charleston.

Drs. Robert C. Bock, Kenneth G. MacDonald, and William B. Rossman were named members of the council. Each will serve a term of three years.

Dr. Peter N. Pastore, Professor and Chief of the departments of otology, rhinology, and laryngology

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

at the Medical College of Virginia, was the guest speaker at the meeting. His subject was, "Globus—Modern Interpretations."—Richard N. O'Dell, M. D., Secretary.

* * * *

MERCER

Dr. William A. Thornhill of Charleston was the guest speaker before the November meeting of the Mercer County Medical Society, held at Bluefield. His subject was, "Physiology and Treatment of Heart Failure."

The speaker's paper was discussed by Drs. J. R. Shanklin, Frank J. Holroyd, B. S. Clements and E. L. Gage.

A report on the polio vaccine program in Mercer County was submitted by Dr. Richard C. Neale, and Doctor Gage discussed the proposed restoration of the cut in the budget of the State Department of Health. The Society went on record in favor of the proposed increase in the department's budget.—John J. Mahood, M. D., Secretary.

* * * *

PARKERSBURG

Dr. Richard W. Corbitt of Parkersburg was elected president of the Parkersburg Academy of Medicine at the regular monthly meeting held in that city, December 1, 1955. He succeeds Dr. John H. Gile, who has served as president during the past year.

Other officers were elected as follows: Vice president, Dr. Jack J. Stark, and secretary-treasurer, Dr. William E. Gilmore.

Doctor Corbitt has served as secretary-treasurer of the Academy during the past two years.

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: MRS. PAUL P. WARDEN, Grafton
President Elect: MRS. J. E. SPARGO, JR., Wheeling
First Vice President: MRS. GEORGE T. EVANS, Fairmont
Second Vice President: MRS. A. J. VILLANI, Welch
Third Vice President: MRS. LYNWOOD D. ZINN, Clarksburg
Fourth Vice President: MRS. JOHN F. MORRIS, Huntington
Treasurer: MRS. GEORGE MIYAKAWA, Charleston
Recording Secretary: MRS. C. STAFFORD CLAY, Huntington
Corresponding Secretary: MRS. R. D. STOUT, Grafton
Parliamentarian: MRS. J. PRESTON LILLY, Charleston

CABELL

Dr. Madeline Feil, instructor in psychology at Marshall College, was the guest speaker at the monthly luncheon meeting of the Women's Auxiliary to the Cabell County Medical Society, held November 8 at the Hotel Frederick.

The speaker's remarks concerned grandmothers in general, as the thirteen grandmothers in the Auxiliary were being honored at the meeting. Each was presented with a corsage.—Mrs. Joseph M. Farrell, Secretary.

* * * *

HARRISON

The Christmas dinner meeting of the Woman's Auxiliary to the Harrison County Medical Society was held at the Stonewall Jackson Hotel in Clarksburg December 1, with more than 100 members and guests present.

Upjohn
KALAMAZOO

Indicated wherever oral cortisone or hydrocortisone is effective • Available in 5 mg. tablets in bottles of 30 and 100, and in 1 mg. tablets in bottles of 100 • Usual dosage is ½ to 1 tablet three or four times daily

Delta-Cortef*

Fewer side effects at effective dosage levels

*Trademark for the Upjohn brand of prednisolone (delta-1-hydrocortisone)

PROFIT

from our

EXPERIENCE

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE

Your Local Bureau Today Regarding Other Services

Charleston:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winstan, Manager
Phone 6-0781

Huntington:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harald Herbert, Manager
Phone 3-0189

Wheeling:

THE MEDICAL-DENTAL BUREAU, INC.

CENTRAL UNION BUILDING
M. O. Bobes-W. H. Hagedarn, Owners
Phone 4250

The Christmas theme was carried out in decorations, bells and pins. An "After Five" fashion show was presented by a local specialty shop, with Mrs. Chester Cottrill as narrator. The models were Mesdames Richard V. Lynch, Jr., Lawrence B. Thrush, Richard K. Hanifan, James G. Ralston, Lynwood D. Zinn, George F. Evans, E. Ross Allen, Herman Fischer, Charles F. Fisher, John F. McCuskey, L. Dale Simmons, and Jack Gocke.—Mrs. Creed C. Greer.

* * * *

RALEIGH

The Woman's Auxiliary to the Raleigh Medical Society held an informal coffee at the home of Mrs. John E. McKenzie in Beckley on December 7.

Guests at the coffee were members of medical auxiliaries from Wyoming, Summers and Fayette counties. Other guests included the wives of doctors from the VA Hospital in Beckley, Pinecrest Sanitarium, and Beckley Memorial Hospital.

Mrs. C. A. Smith was hostess at the coffee. She was assisted by Mesdames R. G. Broaddus, L. M. Halloran, Doff D. Daniel, John A. Hedrick, Thomas L. Martin and Charles W. Merritt. Mrs. Daniel presided at the coffee service.—Mrs. George N. Psimas, Correspondent.

A professor in a big city school once asked his class to list some of the great time-savers. One student put at the top of his list, "Love at first sight."—J. Earl Kagan, M. D., in Medical Annals, D. C.

THE MYERS CLINIC
Philippi, West Virginia

Radiology: KARL J. MYERS, M. D.
Clinical Pathology: E. E. MYERS, M. D.
Surgery: HU C. MYERS, M. D. A. KYLE BUSH, M. D.
Gynecology and Obstetrics: RAYMOND W. CRONLUND, M. D.
Internal Medicine: JOHN E. LENOX, M. D. J. L. RITTMEYER, M. D.
Pediatrics: CORA C. LENOX, M. D.
Anatomic Pathology: S. D. WU, M. D.
Dentistry: GLENN B. POLING, D. D. S.
Resident Staff: CHARLES T. MEADOWS, M. D., Surgery M. V. KALAYCIOGLU, M. D., Surgery WALTER E. SCHLABACH, M. D., Surgery

THE CINCINNATI SANITARIUM

FOUNDED IN 1873

One af the aldest private hospitals in the United States operated for the care and treatment af nervous and mental patients.

Modernly equipped ta provide the use of all accepted methads af treatment. Constant medical supervisian with registered nurses in charge. Ample classification facilities.

Conveniently located, twenty nine acres of beautiful grounds assure complete privacy.

MEMBER OF: American Hospital Associatian, Ohio Hospital Assaciation, Central Psychiatric Haspital Assac.

APPROVED BY: American College of Surgeons, Council of Haspitals.

LICENSED BY State of Ohia.

D. A. JOHNSTON, M.D...*Medical Director*
W. N. WRIGHT, M.D. *Resident Psychiatrist*
HENRY GRUENER, M.D. *Resident Physician*
ELLIOTT OTTE.....*Business Administratar*

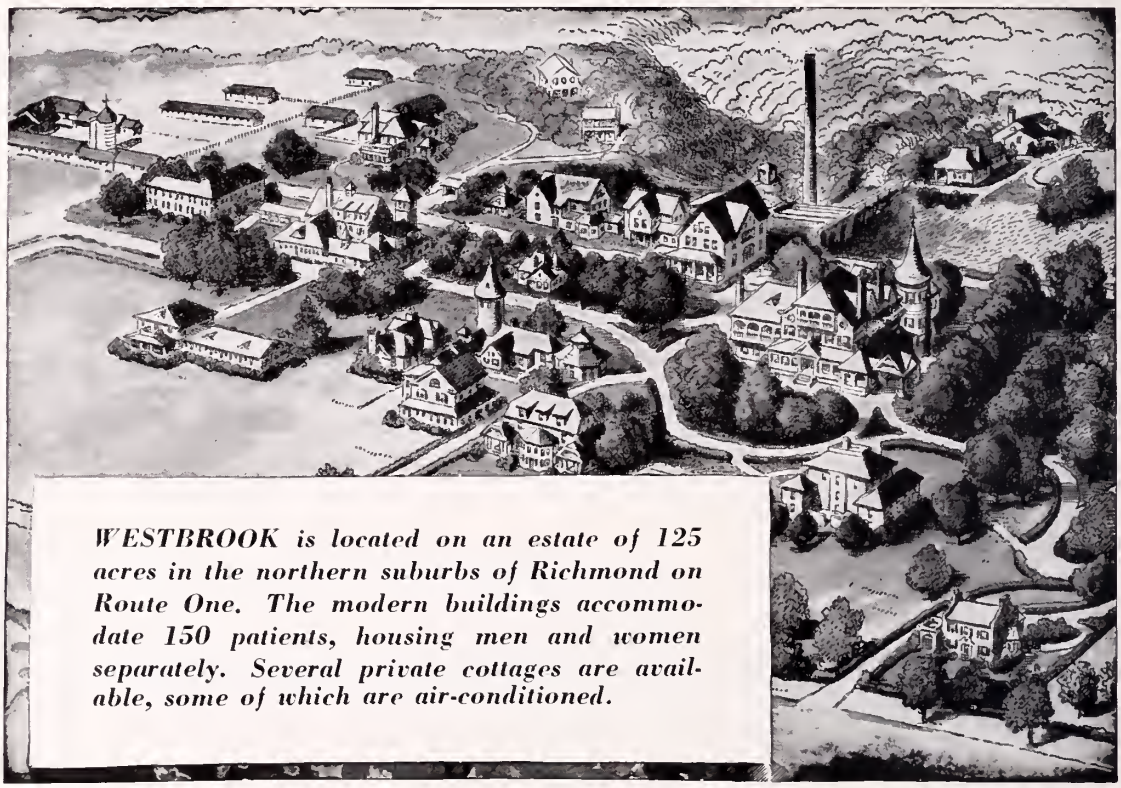
Rest Cottage, beautifully furnished, is a separate department devoted to the care of certain psycho-neuroses, rest, and convalescent cases.

Write for descriptive booklet
THE CINCINNATI SANITARIUM
5642 Hamilton Avenue Cincinnati 24, Ohio
Telephones: Kirby 0135, Kirby 0136

WESTBROOK SANATORIUM

Established 1911

• • • *Richmond, Virginia*



***WESTBROOK** is located on an estate of 125 acres in the northern suburbs of Richmond on Route One. The modern buildings accommodate 150 patients, housing men and women separately. Several private cottages are available, some of which are air-conditioned.*

STAFF

PAUL V. ANDERSON, M. D.
President

REX BLANKINSHIP, M. D.
Medical Director

JOHN R. SAUNDERS, M. D.
Associate

THOMAS F. COATES, M. D.
Associate

JAMES K. HALL, JR., M. D.
Associate

R. H. CRYTZER
Administrator

A PRIVATE psychiatric hospital for the treatment of nervous and mental disorders and the problems of addiction.

The modern diagnostic and treatment procedures include electro-shock, insulin, psychotherapy, occupational and recreational therapy.

WESTBROOK SANATORIUM

P. O. Box 1514 RICHMOND, VIRGINIA *Phone 5-3245*

Brochure of Views and Literature Sent on Request

ACS SECTIONAL MEETING IN PHILADELPHIA

More than 3,000 surgeons, surgical specialists, nurses and other personnel are expected to attend the Sectional meeting of the American College of Surgeons in Philadelphia, February 13-16. The sessions will be held at the Bellevue-Stratford Hotel.

Sessions in general surgery and the specialties, hospital clinics, surgical forum research reports, cine clinic films, technical exhibits and hospital field trips will be included in the program. A special four-day program for nurses will be a part of the program.

Dr. Calvin M. Smyth, Jr., of Philadelphia, is chairman of the committee on arrangements. The medical schools and teaching hospitals in Philadelphia are combining to offer clinical sessions at the meeting.

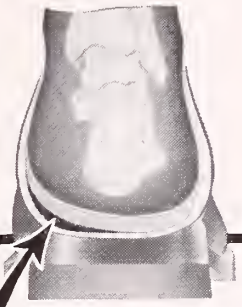
ATLANTA GRADUATE MEDICAL ASSEMBLY

The Atlanta Graduate Medical Assembly will be held at the Atlanta Biltmore Hotel in Atlanta, Georgia, February 20-22.

An interesting scientific program has been arranged with 19 guest speakers, all prominent in the field of medicine. In addition, an extensive social and entertainment program has been planned for the three-day meeting for the visiting doctors and their wives.

Information concerning the meeting may be obtained by writing the Atlanta Graduate Medical Assembly, 15 Peachtree Place, N. W., Atlanta, Georgia.

Foot-so-Port Shoe Construction and its Relation to Weight Distribution



- Insole extension and wedge at inner corner of heel where support is most needed.
- Special Supreme rubber heels are longer than most anatomic heels and maintain the appearance of normal shoes.
- The patented arch support construction is guaranteed not to break down.
- Innersoles are guaranteed not to crack, curl, or collapse. Insulated by a special layer of Texon which also cushions firmly and uniformly.
- Foot-so-Port lasts were designed and the shoe construction engineered with orthopedic advice.
- NOW AVAILABLE! Men's conductive shoes. N.B.F.U. specifications. For surgeons and operating room personnel.
- By a special process, using plastic positive casts of feet, we make more custom shoes for polio, club feet and all types of abnormal feet than any other manufacturer.

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service — W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

REGIONAL ICS MEETING AT THE GREENBRIER

The Greenbrier Hotel in White Sulphur Springs will be the scene of one of four regional meetings of the United States and Canadian Sections, International College of Surgeons, which will be held in 1956.

The Mid-Atlantic Regional meeting will be held at the Greenbrier, February 13-15. Other meetings are scheduled for Chattanooga, Tennessee, April 30-May 1; York Harbor, Maine, over the July 4 weekend; and San Jose, California, March 22-23.

The 10th Congress of the International College of Surgeons will be held in Chicago, September 9-13.

Physicians attending the meeting at the Greenbrier in February will be given the benefit of a special holiday rate. Reservations should be made directly with the maangement.

AM. CONG. PHYS. MED. AND REHAB.

The 34th annual scientific and clinical session of the American Congress of Physicial Medicine and Rehabilitation will be held September 9-14, 1956, at The Ambasador, in Atlantic City, N. J.

Full information concerning the meeting may be obtained by writing the executive secretary, Miss Dorothea C. Augustin, 30 North Michigan Avenue, Chicago 2, Illinois.

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO, NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLoughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

BOOK REVIEWS

MANAGEMENT OF ADDICTIONS—Edited by Edward Podolsky, M. D., Department of Psychiatry, Kings County Hospital, Brooklyn, N. Y. Pp. 413. Philosophical Library, New York City. Price $7.50.

This is a collection of 35 papers by 48 authors, reprinted from standard journals. Of this total, 26 papers are on alcoholism, which is considered to be an addiction. There is, of course, some argument as to whether alcoholism constitutes an addiction in the same sense as addiction to morphine.

A rather bewildering number of points of view are presented. The editor has been rather uncritical in his selection of papers. The various authors advocate ACTH, adrenal cortical extract, Mebaral, conditioned reflex, carbon diovide, calcium salts, a combination of Bellafoline, Gynergen, and sodium bromide, Dimenthylane, Tolserol, Antabuse, intravenous barbitrates of various sorts including pentothal, and psychotherapy of miscellaneous kinds in the handling of the alcoholic in various phases.

Many of the authors are very careless with statistics in calculating "Percentage abstinent." Various etiologies are discussed, including some based on psychoanalytic theory.

Many of these treatments are useful only in the sobering up period, having little or no value in promoting continued abstinence. Adrenal cortical steriods and ACTH fall into this class. The highest percentage of long-term abstinence is claimed for the conditioned reflex, or aversion, treatment as used at Shadel Sanitarium in Seattle: ranging from 61% abstinent at least one year to 23% abstinent for ten years. Shadel takes mostly cases who are able to pay well for their treatment; results in charity cases have been disappointing.

The percentage success in promoting continued abstinence claimed for the various treatments is usually complicated by the fact that the patients upon release are encouraged to join Alcoholics Anonymous. Since this organization has a high percentage of success all by itself, it is not valid to claim therapeutic effectiveness for a method which is supplemented in this way.

In one of the papers, John W. Tintera states that if a patient relapses after a particular treatment (any kind) this treatment does not work well for him any more. There is no doubt that this is true. In fact, one could go further and say that any method of treatment including voodoo will have a certain amount of success (particularly if the follow-up period is not too long).

The section on addiction to opiates, barbiturates, and miscellaneous drugs suffers from the same trouble as the first part of the book: lack of a unified point of view. The best paper in this section is by M. J. Pescor on the methods of treatment used by the United States Public Health Service hospitals.

This book is of very limited usefulness. All the material in it, and much more, is available in the litera-

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board

Charles L. Anderson, M. D., Clinical Director

L. Harold Caviness, M. D.

J. Russell Frantz, M. D.

Charles W. Harding, M. D.

Theodore J. Lukens, M. D.

Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

ture. Perhaps it could best serve the physician by suggesting new methods of treatment for patients for whom the standard measures have failed.—David W. Northup, Ph. D.

* * * *

OFFICE PROCEDURES—By Paul Williamson, M. D. Pp. 412, with illustrations. 1955. Philadelphia and London: W. B. Saunders Company. Price $12.50.

This book covers the field of office procedures with well depicted illustrations and descriptive text. It is conveniently divided into various body systems. Several of the procedures described are, I believe, a little more than most of us would care to undertake in the office.

The book will make an excellent ready reference for the practitioner who does infrequent minor surgical procedures in his office. It should be recommended to the physician who, by necessity, does many procedures out of the hospital and is unable to maintain the many instruments that would otherwise be needed. —Charles T. Meadows, M. D.

BOOKS RECEIVED

THE BRAZEN SERPENT—By Chesney Ramage, M. D., Fairmont, West Virginia. Pp. 188. Vantage Press, Inc., 120 W. 31st Street, New York 1, N. Y. 1955. Price $3.00.

THE RELIEF OF SYMPTOMS—By Walter Modell, M. D., F.A.C.P., Associate Professor of Clinical Pharmacology, Cornell University Medical College. Pp. 450. Philadelphia and London: W. B. Saunders Company. 1955. Price $8.00.

POLIO PIONEERS—By Dorothy and Philip Sterling. Pp. 128, with numerous illustrations. Doubleday & Company, 575 Madison Avenue, New York 22, N. Y. 1955. Price $2.75.

HYPNOTIC SUGGESTION—Its Role in Psycho-and Psychosomatic Disorders—by S. J. Van Pelt, M. B., B. S., President, British Society of Medical Hypnotists. Pp. 95. Philosophical Library, Inc., 15 E. 40th Street, New York 16, N. Y. 1956. Price $2.75.

S. E. SURGICAL CONGRESS IN RICHMOND

Two members of the West Virginia State Medical Association will present papers at the 24th annual meeting of the Southeastern Surgical Congress, which will be held in the John Marshall Hotel at Richmond, Virginia, March 12-15.

Dr. D. L. Hosmer of Bluefield will speak on "Operative Treatment of Fractures", and Dr. T. Kerr Laird of Montgomery will present a paper on "The Management of In Situ Cacinoma of the Cervix."

SHORT REPORT

The Thoracic Surgeon sat in state behind a large desk, with his secretary at his elbow, and held a follow-up clinic on some of his patients whose mitral stenosis had been treated by valvotomy. Onlookers were impressed by the gratifying results, but the pleasant atmosphere was a little marred by a blue panting woman who took at least two minutes to reach her chair from the door. But finally she was settled.

"Now, my dear, how have you been since your operation?" he asked.

"Well, Sir,——"

"Put that down, Miss Jones, put that down," he cried.—"In England Now" column in The Lancet.

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

Picker X-RAY

if you'd rather

rent

your x-ray apparatus . . .

your local Picker representative will gladly
tell you about our no-capital-investment Rental Plan . . .
or write us at 25 So. Broadway, White Plains, N.Y.

PICKER IN WEST VIRGINIA is at 714½ Lee Street, Charleston and 5960 Mahood Road, Huntington **Phone 3-1178**

The Indian sang his death song

100 YEARS AGO, during a frontier skirmish, an Indian brave, singing his own death song, charged down on a young officer. Lieutenant George Crook, 4th Infantry, coolly fell to one knee, carefully aimed, and dropped the brave in his tracks.

It was not Crook's first Indian, nor his last. By the time he made general, Crook was the greatest Indian-fighter this country has ever had.

Yet, he was also one of the best friends the Indians have ever had. For he understood them well, dealt fairly and firmly, and always kept his promises.

When Crook died, Indians wept. And a Sioux chief named Red Cloud said: "He never lied to us. His words gave the people hope."

No nation can ever have enough men like George Crook. But America had, and still has, a lot of them. That's important to remember. Because it is a wealth of human character rather than a wealth of money that gives America its real worth. Just as it is the Americans, all 160 million of them, standing behind our country's Savings Bonds, who make these Bonds one of the world's finest investments.

For your sake—and America's—why not take advantage of this fact? Invest in—and hold—United States Savings Bonds.

It's actually easy to save money—when you buy United States Series E Savings Bonds through the automatic Payroll Savings Plan where you work! You just sign an application at your pay office; after that your saving is done for you. And the Bonds you receive will pay you interest at the rate of 3% per year, compounded semiannually, for as long as 19 years and 8 months if you wish! Sign up today! Or, if you're self-employed, invest in Bonds regularly where you bank. There's no surer place to put your money, for United States Savings Bonds are as safe as America!

Safe as America – U.S. Savings Bonds

The U. S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

PUBLIC SERVICE ADVERTISING COUNCIL

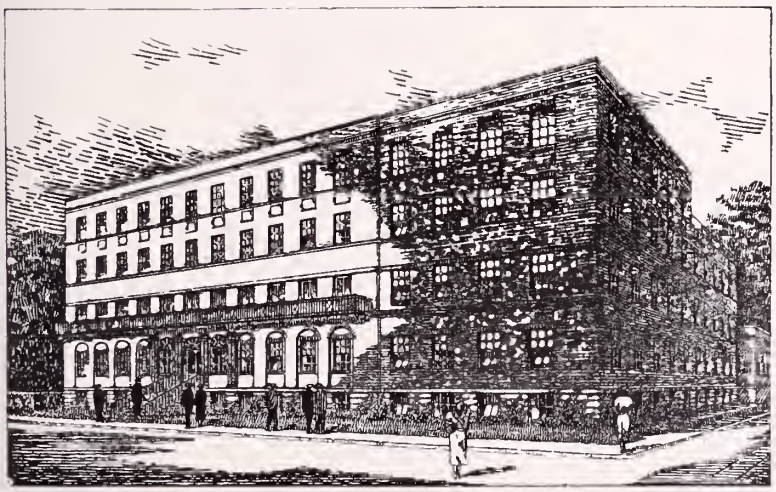
OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	A. Kyle Bush	Philippi	Donald R. Roberts	Elkins	3rd Thurs.
Boone	W. V. Wilkerson	Whitesville	Ruth M. Young	Sharples	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Francis A. Scott	Huntington	Thomas J. Holbrook	Huntington	2nd Thurs.
Central West Virginia	J. M. Cofer	Bergoo	Theresa O. Snaith	Weston	Quorterly
Eastern Ponhandle	Donald K. McIntyre	Chorles Town	G. O. Martin	Martinsburg	Quarterly
Fayette	Ivan H. Bush, Jr.	Oak Hill	Richard M. Germon, Jr.	Oak Hill	2nd Tues.
Greenbrier Volley	Philip Oden	Ronceverte	Robert R. Pittman	Morlinton	2nd Wed.
Hancack	Gibson C. Smith	Weirton	Paul Mesaros	Weirton	2nd Tues.
Harrison	C. Fred Fisher	Clarksburg	L. B. Thrush	Clarksburg	1st Thurs.
Kanawho	John W. Hash	Charleston	Richard N. O'Dell	Charleston	2nd Tues.
Lagan	E. H. Starcher	Logan	Don A. Westover, Jr.	Holden	2nd Wed.
Marion	Edward Vacheresse	Fairmont	M. D. Phelps, Jr.	Fairmont	Last Tues.
Marshall	J. W. Myers	Moundsville	Thomas O. Dickey	McMechen	Semi-Ann.
Mason	S. O. Johnson	Lakin	C. W. Thompson	Pt. Pleasant	
McDowell	A. A. Carr	War	F. L. Johnston	Welch	2nd Wed.
Mercer	Edgar W. Kirby	Bluefield	John J. Mahood	Bluefield	3rd Mon.
Mingo	W. J. Smith	Belfry, Ky.	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	French R. Miller	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	Geo. L. Armbrecht	Wheeling	W. E. McNamara, Jr.	Wheeling	4th Tues.
Parkersburg Academy	John H. Gile	Parkersburg	Richard W. Corbitt	Parkersburg	1st Thurs.
Potomac Valley	Harry Coffman	Keyser	James H. Wolverton, Jr.	Piedmont	2nd Wed.
Preston	Blanche B. Miller	Eglon	C. Y. Moser	Kingwood	1st Thurs.
Raleigh	Grover C. Hedrick, Jr.	Beckley	B. B. Richmond	Beckley	3rd Thurs.
Summers	D. W. Ritter	Hinton	A. W. Holmes	Hintan	3rd Wed.
Taylor	K. H. Trippett	Grafton	R. D. Stout	Grafton	Last Thurs.
Wetzel	E. L. Coffield	New Martinsville	Chas. P. Watson, Jr.	N. Martinsville	Monthly
Wyaming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

The CHARLESTON GENERAL HOSPITAL

BROOKS STREET AND ELMWOOD AVENUE, CHARLESTON, W. VA.

Accredited by American College of Surgeons



A VOLUNTARY HOSPITAL with separate staffs for General Surgery; Internal Medicine; Medical and Surgical Neurology; Pediatrics; Orthopedics; Obstetrics; Eye, Ear, Nose and Throat; Urology; Dermatology; Proctology; Radium Therapy.

General and special laboratories with equipment and personnel for advanced as well as routine work in urinalysis, gastric analysis, human parisitology, hematology, blood chemistry, bacteriology, serology and pathological tissue examinations. Director of Labaratories: Walter Putschar, M. D.

X-ray laboratory for diagnosis. Equipped for both superficial and DEEP THERAPY. Treatment installation consists of latest type Westinghouse Duocondex 220,000 volt machine. X-ray laboratory in charge of V. L. Peterson, M. D. Approved for syphilis serology by the West Virginia Department of Health.

OFFICERS OF COUNTY AUXILIARIES

Society	President		Correspondent	
Barbour-Randolph-Tucker	Mrs. Herman Seltz	Elkins	Mrs. Herman Seltz	Elkins
Boone	Mrs. John M. Scott	Madison	Mrs. Wyson Curry	Madison
Cabell	Mrs. C. Stafford Clay	Huntington	Mrs. Lee F. Dobbs	Huntington
Central West Virginia	Mrs. George T. Hoylman	Gassaway	Mrs. Harold D. Almond	Buckhannon
Eastern Panhandle	Mrs. John H. Kilmer	Martinsburg	Mrs. J. Carlton Godlove	Martinsburg
Fayette	Mrs. R. R. Boone, Jr.	Charlton Heights	Mrs. T. K. Laird	Kanawha Falls
Greenbrier Valley	Mrs. E. J. Morhous	White Sulphur Springs	Mrs. W. E. Lemon	White Sulphur Springs
Hancock	Mrs. Ray Greco	Weirton	Dr. Laura Mesaros	Weirton
Harrison	Mrs. Joseph Gilman	Clarksburg	Mrs. Creed C. Greer	Clarksburg
Kanawha	Mrs. John T. Jarrett	Charleston	Mrs. George Miyakawa	Charleston
Logan	Mrs. E. R. Chillag	Holden	Mrs. C. L. Lesaca	Logan
Marion	Mrs. Carter F. Cort	Fairmont	Mrs. Robert J. Sidow	Fairmont
McDowell	Mrs. Otis E. Linkous, Jr.	Welch	Mrs. Ray Burger	Welch
Mercer	Mrs. V. L. Kelly	Bluefield	Mrs. George E. Snider	Bluefield
Mingo	Mrs. A. H. Henderson	Williamson	Mrs. W. M. Scott	Williamson
Monongalia	Mrs. R. J. Nottingham	Morgantown	Mrs. John F. Stecker	Morgantown
Ohio	Mrs. George R. Clarke	Wheeling	Mrs. George Armbrecht	Wheeling
Potomac Valley	Mrs. M. F. Townsend	Petersburg	Mrs. Lyle Veach	Petersburg
Preston	Mrs. C. Y. Moser	Kingwood	Mrs. C. Y. Moser	Kingwood
Raleigh	Mrs. G. C. Hedrick, Jr.	Beckley	Mrs. J. W. Banks	Beckley
Summers	Mrs. A. W. Holmes	Hinton	Mrs. A. W. Holmes	Hinton
Taylor	Mrs. T. W. Heironimus, Jr.	Grafton	Mrs. Charles A. Haislip	Grafton
Wood	Mrs. Thomas L. Harris	Parkersburg	Mrs. Edward Shupala	Vienna
Wyoming	Mrs. George F. Fordham	Mullens	Mrs. George F. Fordham	Mullens

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Winnie W. Wilson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

VERBATIM RECORDING

Verbatim recording of patient-doctor interviews can help a physician to improve his techniques in the verbal management of patients. Many electronic devices available today make it a simple matter to record the verbal interchange between patient and doctor. Study of such recordings at leisure allows the doctor to extract the greatest amount of useful clinical information from each conversation with his patient. In addition, by listening to the playback the physician may gain insight into the part he plays in making his professional relations with his patient a success or failure.

With increased self understanding and more efficient interpersonal communication stemming from the proper use of verbatim recording, a doctor can become a more objective, effective and relaxed practitioner of medicine. Furthermore, verbatim recording may make available, for future use, facts of medicolegal or research value.—William Kaufman, M. D., in Connecticut St. Med. Journal.

THE FAMILY DOCTOR

Family doctors may grumble and be full of pious misery in the winter months, but they are never so happy as when full of self-pity, never so contented as when overworked, and never so miserable as when on holiday away from the all-absorbing drudgery of medicine.

Indeed, a day's journey in the life of a family doctor is a very wonderful thing.—Ronald Gibson, M.R.C.S., in The Lancet.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

WE CORDIALLY INVITE YOUR INQUIRY

for application for membership which affords protection against loss of income from accident and sickness (accidental death, too) as well as benefits for hospital expenses for you and all your eligible dependents.

SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS SURGEONS DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$22,500,000 PAID FOR BENEFITS

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

STATUS OF THE BALLISTOCARDIOGRAPH

Interest in the ballistocardiograph as a diagnostic tool has increased rapidly since the end of World War II. There are now available at least three monographs describing the several kinds of recording apparatus and giving clinical expericence. Approximately 300 papers have been written on the subject since 1947.

This interest in the ballistocardiograph is justified in part because it measures something related to the power or strength of the cardiac muscle and therefore is concerned with a component of cardiac function which is not measured by the electrocardiogram or any other tool of the cardiologist.—Henry Longstreet Taylor, Ph. D., in Minnesota Medicine.

THE GP AND MEDICOLEGAL PROBLEMS

The law should provide for competent investigation of all deaths which are caused by violence, of accidental nature, sudden when the person was in apparent primary investigation, elicits the medical history, and good health, or under unusual or suspicious circumstances. The general practitioner, who conducts the frequently decides if the autopsy is necessary, is an important member of the medicolegal investigative team. The general practitioner who would assist in the medicolegal investigations should familiarize himself with the basic characteristics of wounds due to shooting, stabbing, and blunt force.—Russell S. Fisher, M. D., in Texas St. J. Med.

THE
Daniel Boone Hotel
CHARLESTON, W. VA.

Rates $4.00 Up

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO
COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

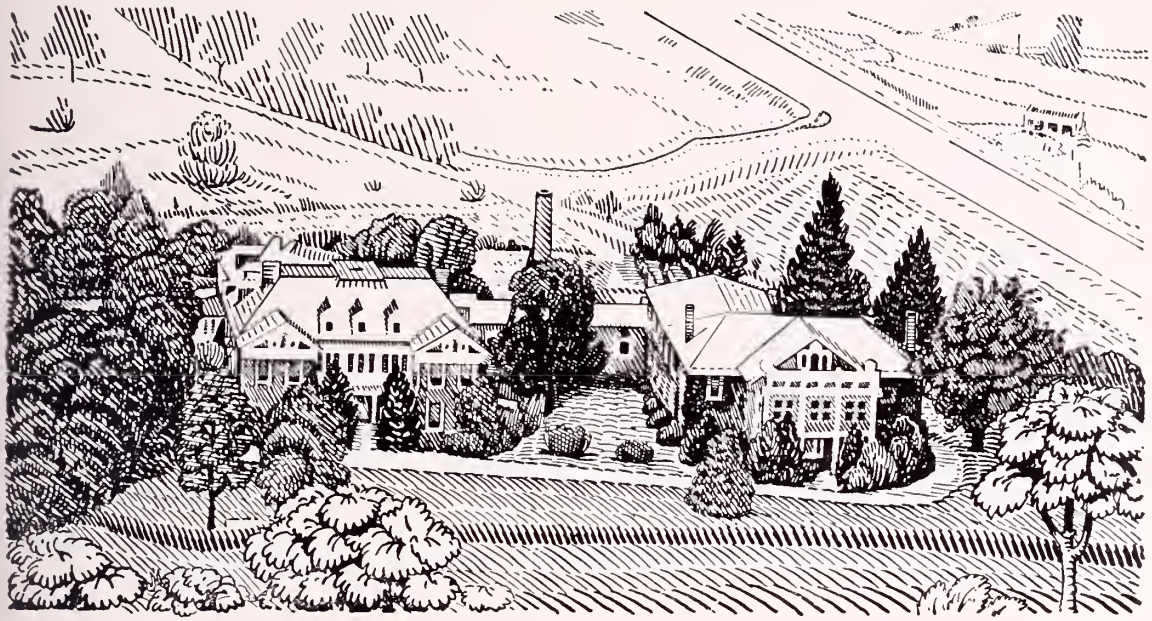
840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D.
Director

James K. Morrow, M. D. Thomas E. Painter, M. D. Daniel D. Chiles, M. D.
James L. Chitwood, M. D., Medical Consultant. Clara K. Dickinson, M. D.

Affiliated Clinic Offering Psychiatric and Psychological Evaluation and Therapy:

BLUEFIELD MENTAL HEALTH CENTER
1400 Bland Street
Bluefield, W. Va.
David M. Wayne, M. D., Director

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia Stote Hospital Board, Member American Hospitol Association. Located atop beautiful Mt. Regis, in the quiet serene mountoins of Virginia—conducive to rest, comfort and rehobilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlonto, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicions in Limited Proctice moy be had by communicating with Mr. Charles Lively, Business Monoger of the West Virginio Medicol Journol, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollors per year if poid in odvonce.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building Wheeling, W. Va.
By Appointment Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. Chorleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment Phones: Off. 3-6414; Res. 3-3781
1112 Virginia Street, East Charleston, W. Va.

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Fellow American Academy of Dermatology and Syphilology
Diplomate American Board of Dermatology and Syphilology
1109 Quarrier Street Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. Charleston, W. Va
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street Bluefield, W. Va.
Phones: Off. 7535, Res. 3-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY — BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue Huntington, W. Va.

Directory of Physicians in Limited Practice

INTERNAL MEDICINE (Cont'd.)

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building Huntington, W. Va.
Phone: Office 8276

GEORGE P. HEFFNER, M. D., F. A. C. P.
INTERNAL MEDICINE—METABOLIC DISEASES
Diplomate of American Board of Internal Medicine
1115 Quarrier Street Charleston, W. Va.
Phone: Office 3-0751

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE — CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street Charleston, W. Va.
Phone 63-351

(This Space for Sale)

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 20-505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5339

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING CHARLESTON, W. VA.
Phones: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue Huntington, W. Va.
Phones: Off. 44303, Res. 24193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomates American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomates American Board of Radiology
Roentgen Diagnosis — Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thorocic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

W. H. BELSCHES
Pharmacist
206 WASHINGTON STREET, W. CHARLESTON, W. VA.

O. J STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown 1034 Quorrier St. Kanawha City At Foot of Bridge

January Advertisers

	Page
Abbott Labs.	viii, ix
American Meat Institute	vi
Ayerst Laboratories	xxvii
Bayer Company	iv
Broaddus Hospital	xxxiii
Burroughs-Wellcome	xiv
Charleston Engraving Company	xli
Charleston General Hospital	xxxix
Chicago Medical Society	xvi
Ciba Pharmaceutical Products	xvi
Cincinnati Sanitarium	xxxi
Daniel Boone Hotel	xlii
Feick Brothers	xxviii
Foot-So-Port Shoe Company	xxxiii
Harding Sanitarium	xxxv
Keeley Institute	xxxiv
Kloman Instrument Company, Inc.	xxviii
Knox Gelatine Company	xi
Lakeside Laboratories	xix
Lederle Laboratories	20, 21
Lilly, Eli & Company	*Front Cover*, xxiv
Marmet Hospital	xxxiv
McMillen Sanitarium	xlii
Mead Johnson & Company	*Back Cover*
Medical Arts Supply Co.	xxvi
Myers Clinic	xxxi
Parke, Davis & Company	ii, iii
Patton Adjustments, Inc.	xlviii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc.	vii, xiii, xxi
Physicians Casualty and Health Association	xli
Physicians and Dentists Business Bureau	xxx
Picker X-Ray Corp.	xxxvii
Schering Corp.	v, xxii, xxiii
Searle, G. D. & Co.	27
Sharpe & Dohme, Inc.	xv
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp.	xii
St. Albans Sanitorium	xliii
Upjohn	xvii, xxix
Viceroy Cigarettes	x
Westbrook Sanatorium	xxxii
Wheeling Clinic	xl
White Cross Hospital	xliv
Winthrop Laboratories, Inc.	xviii
Wocher's, Max	xxxvi

CONTENTS

Present Day Problems Concerned With Antibiotic Therapy—By Chester Scott Keefer, M. D. 1

Effect of Chlorpromazine on Addiction—By Johnson Chu, M. D. 5

Management of Hemorrhage from the Renal Vessels—By John J. Murphy, M. D. 7

The President's Page 12

Editorials 13

General News 16

Committees, 1956 22

Boston Echoes 28

The Month in Washington 32

Roster of Members 33

Obituaries xxvi

County Societies xxvii

Woman's Auxiliary xxix

Book Reviews xxxv

today's health a must!

for your reception room

Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager CHARLESTON, WEST VIRGINIA TELEPHONE 27-158

CKS

he Greenbrier, Aug. 23-25, 1956: 89th Annual Meeting

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 2

FEB., 1956

Single Copy, 50c
Per Year, $3.50

CONTENTS

The Anesthesiologist in the Medical-Surgical Team
By Curtiss B. Hickcox, M. D. and Ralph H. Tovell, M. D.

Balarsen: A New Oral Arsenical in the Treatment of Pustular Bacterid
By Beatrice H. Kuhn, M. D.

The Use and Abuse of Electrosurgery
By Hu C. Myers, M. D.

Communicable Diseases in Monongalia County, 1949-1954
By John William Lemley, B. S.

COMPLETE CONTENTS ON PAGE LII
INDEX TO ADVERTISERS ON PAGE LI

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

COLLEGE OF PHYSICIANS
FEB 6 1956
OF PHILADELPHIA

Tonsillitis, pharyngitis quickly yield to

ILOTYCIN
(Erythromycin, Lilly)

Temperature rapidly returns to normal; swelling and soreness readily subside. Notably *safe* and well tolerated.

dosage: Usually, 250 mg. q. 6 h. Children, 5 mg. per pound of body weight q. 6 h.

Lilly

532200

YEARS AGO when the physician fought to bring a patient through a siege of pneumonia there was little he could do but help conserve the patient's strength, make him comfortable . . . and hope for the best.

In fact, the doctor sadly signed death certificates for 33 out of every 100 pneumonia patients he treated. For those who survived, recovery was slow and expenses were high. The cost of an average case was about $1,000, including three or four weeks' time lost away from work.

Happily, this grim picture has changed. Under the onslaught of sulfa drugs . . . *and now the antibiotics* . . . pneumonia has steadily lost ground. Now, uncomplicated cases clear up in four to five days. And instead of losing 33 out of every 100 cases, the doctor saves all but a very few.

Just as striking as the cut in deaths and disability is the cut in the *cost* of *curing* pneumonia. More and more patients can now be cared for at home. As a result, the average case of pneumonia may cost no more than $100 . . . including loss of income, the doctor's visits and the "expensive" new medicines!

Today, more than ever before, an investment in prompt and proper medical care may well represent one of the biggest bargains of your life.

Copyright 1956—Parke, Davis & Company

PARKE, DAVIS & COMPANY
Research and Manufacturing Laboratories Detroit 32, Michigan

Makers of medicines since 1866

There are few subjects on which the general public is more uninformed (or perhaps *mis*informed) than the cost of modern medical care.

People have always grumbled about medical bills—and they probably always will, to some extent. The trouble is they tend to see medical expense as a part of sickness—something that certainly gives them no pleasure—rather than the price of enjoying good health.

But the real economics of the situation—what the patient gets for what he pays—proves that today's medical bill usually turns out to be one of the really big bargains of his life.

The latest Parke-Davis advertisement, reproduced here, cites the amazing decline in the cost of curing pneumonia to illustrate the remarkable value represented by your patient's investment in prompt and proper medical care.

This message will reach an audience of millions of readers in mass-circulation magazines such as LIFE and the SATURDAY EVENING POST. Reprints, in small folder form, are promptly available to physicians on request.

PARKE, DAVIS & COMPANY *Detroit 32, Michigan*

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

brand

POLYMYXIN B—BACITRACIN OINTMENT

to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.
For ophthalmic use: in ⅛ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

12/15/55 Discharge Note:
This 44-year-old man was admitted
on 12/8/55 with a history of fever, back pain
and dysuria of three days' duration. Urine culture
revealed mixed infection with gram-positive
and gram-negative organisms. Diagnosis: pyelonephritis
Oral Terramycin therapy was instituted (2 Gm. the
first day, 1 Gm. daily for four days thereafter) in
divided doses q. 6 h. Patient was afebrile in 24 hours;
culture negative by second day of treatment.

R. Physician, M.D.

Your histories

are making medical history

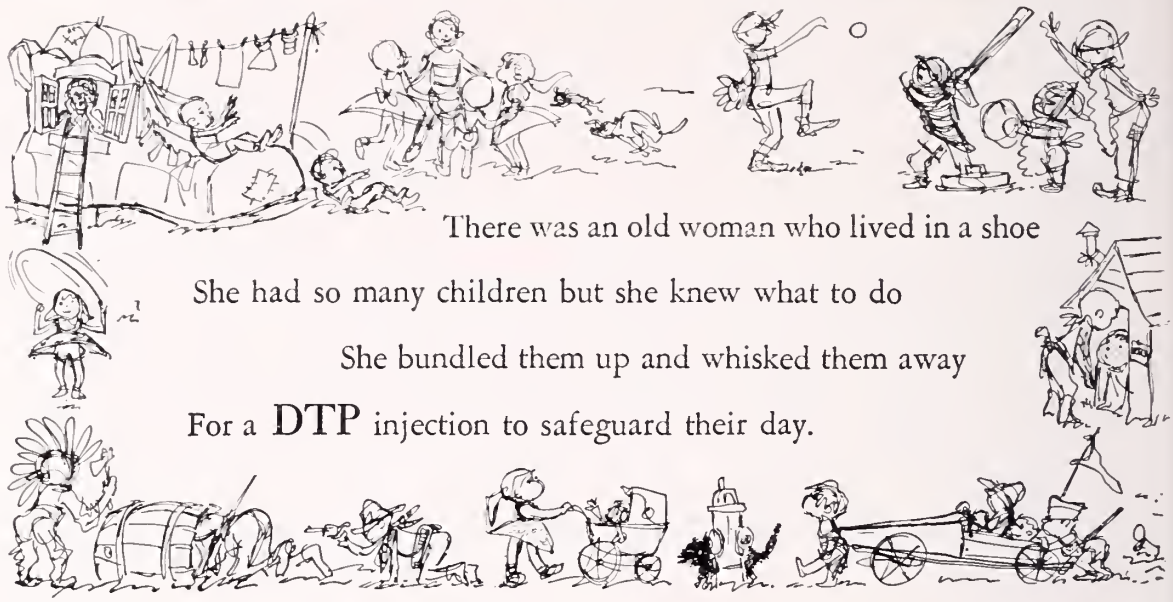
in the golden age of antibiotic medicine

TERRAMYCIN®

Brand of oxytetracycline

Reports by thousands of physicians on millions of cases have built confidence in Terramycin as a well-tolerated, broad-spectrum antibiotic of choice—now finishing its sixth year of successful clinical use.

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N.Y.



- **One complete immunization**
- **99% of nonspecific protein removed**

DTP DIPHTHERIA

AND TETANUS TOXOIDS AND PERTUSSIS VACCINE COMBINED. Alum Precipitated or Plain.

- **Meets most rigid specifications**
- **Freedom from tissue irritation**
- **Maximum antigenicity with minimum of untoward reactions**

Additional products in The National Drug Company's most complete line of biologicals.

TETANUS ANTITOXIN
INFLUENZA VIRUS VACCINE, POLYVALENT
SMALLPOX VACCINE
GAS GANGRENE ANTITOXIN, TRIVALENT
TETANUS-GAS GANGRENE ANTITOXIN, POLYVALENT

☆ LEADING PRODUCERS OF BIOLOGICALS ☆

Tetanus Toxoid, Alum Precipitated or Plain. Diphtheria Antitoxin. Diphtheria Toxin for Schick Test. Diphtheria Toxoid, Alum Precipitated or Plain. Diphtheria and Tetanus Toxoids, Alum Precipitated. Pertussis Vaccine, Alum Precipitated or Plain. Rabies Vaccine. Rhus Tox Antigen. Typhoid Vaccine. Typhoid-Paratyphoid Vaccine. Catarrhalis Combined Vaccine for prophylaxis and treatment of the bacterial complications of the common cold. Staphylococcus-Toxoid-Vaccine Vatox. Strepto-Combined Vaccine. Strepto-Staphylo Vatox. Yellow Fever Vaccine.

Established for Highest Quality

Careful selection and processing of all ingredients under supervision of leading bacteriologists guarantees uniformly high potency, purity and efficacy of each product. Minimum of untoward reactions.

Complete directions, including dosage, route and technique of administration, precautions and contraindications if any, are given in the individual package inserts which accompany each product.

A supply of records of immunizations and tests are available to physicians on request.

PRODUCTS OF ORIGINAL RESEARCH

NATIONAL NATIONAL NATIONAL NATIONAL NATIONAL NATIONAL

THE NATIONAL DRUG COMPANY PHILADELPHIA 44, PA

Upjohn

Ulcer protection that lasts all night:

Pamine*-Phenobarbital Tablets
BROMIDE

Each FULL-STRENGTH tablet contains:

Phenobarbital ..... 15.0 mg. (¼ gr.)
Methscopolamine bromide ..... 2.5 mg.

Dosage:

One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.

Each HALF-STRENGTH tablet contains:

Phenobarbital ..... 8.0 mg. (⅛ gr.)
Methscopolamine bromide ..... 1.25 mg.

Dosage:

While the dosage and indications are the same as for the full-strength tablets, this tablet allows greater flexibility in regulating the individual dose, and may be employed in less severe gastrointestinal conditions.

Supplied:

Both strengths in bottles of 100 tablets.

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF METHSCOPOLAMINE

The Upjohn Company, Kalamazoo, Michigan

Erythromycin in treatment of abscess

6/21/55

DISCHARGE SUMMARY

On 5/23/55 this patient (colored female, age 24) underwent an excisional biopsy of a breast tumor. On 5/24 tumor was removed and patient discharged from hospital on following day.

On 6/3/55 patient was readmitted because of purulent discharge from wound. On 6/3 a hemolytic Staph. aureus (coag. +) was isolated from abscess with the following disk sensitivities: penicillin, 1.5 units; erythromycin, 10 mcg; tetracycline, 10 mcg. Patient was placed on penicillin, 600,000 units b.i.d. for 10 days. On this schedule patient improved but progress was unsatisfactory and wound continued to discharge small amount of purulent material.

On 6/13 penicillin was discontinued and erythromycin started in dosage of 200 mgm. q.i.d. By 6/17 the discharge had stopped and wound was completely healed by 6/19. Erythromycin was continued until the patient was discharged from hospital on 6/21. Temp. was normal throughout hospital stay.

Final diagnosis: breast abscess due to Staph. aureus.

Result: rapid and complete recovery on erythromycin following failure of penicillin.

Communication to Abbott Laboratories.

pecific against
occic infections

Now, you can prescribe an antibiotic (*Filmtab* ERYTHROCIN) that provides *specific therapy* against staph-, strep- or pneumococci. Since these organisms cause most bacterial respiratory infections (and since they are the very organisms most sensitive to ERYTHROCIN) doesn't it make good sense to prescribe ERYTHROCIN when the infection is coccic?

filmtab®

Erythrocin®
(Erythromycin, Abbott)
STEARATE

vith little risk of
ierious side effects

Since ERYTHROCIN is inactive against gram-negative organisms, it is less likely to alter intestinal flora—with an accompanying low incidence of side effects. Also, your patients seldom get the allergic reactions sometimes seen with penicillin. Or loss of accessory vitamins during ERYTHROCIN therapy. *Filmtab* ERYTHROCIN (100 and 250 mg.), bottles of 25 and 100.

Abbott

filmtab®

Erythrocin®
(Erythromycin, Abbott)
STEARATE

*Filmtab—Film sealed tablets; patent applied for.

What makes Viceroy different from other filter cigarettes?

The VICEROY filter tip contains 20,000 tiny filters made exclusively from pure cellulose . . . soft, snow-white, natural. This is twice as many filters as the other two largest-selling filter brands.

That is why VICEROY gives you such a fresh, clean taste—that real tobacco taste you miss in other filter brands. No wonder so many doctors now smoke and recommend King-Size VICEROYS.

If it's Viceroy you can tell the difference blindfolded!

King-Size Filter Tip **VICEROY**

HydroCortone® -T B A

(HYDROCORTISONE TERTIARY-BUTYLACETATE, MERCK)

gives the arthritic patient more days of freedom from joint symptoms—in many patients the anti-rheumatic effect persists 2 to 10 times longer than after injection of hydrocortisone acetate. Its action is local and without systemic effect.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

SUPPLIED: SALINE SUSPENSION HYDROCORTONE-TBA—25 MG./CC., VIALS OF 5 CC.

the efficacy and safety of Pentids have been confirmed by clinical experience in many millions of patients

Pentids

Squibb 200,000 Units Penicillin G Potassium

tablets (buffered)
bottles of 12 and 100

capsules (unbuffered)
bottles of 24 and 100
for infants and children

"PENTIDS"® IS A SQUIBB TRADEMARK

New Evidence

again demonstrates the antihypertensive value of

Rauwiloid®

THE ORIGINAL ALSEROXYLON

Rauwiloid® / *In Mild Labile Hypertension*

Up to 80% of mild hypertensives respond[1]...and with less danger of depression[2] than with single alkaloidal preparations.

Easy to prescribe...uncomplicated dosage...two 2 mg. tablets at bedtime.

Rauwiloid® + Veriloid® / *In Moderate to Severe Hypertension*

Single-tablet medication combines 3 mg. Veriloid (alkavervir), a potent hypotensive agent noteworthy for its safety,[3] with 1 mg. Rauwiloid. High efficacy from lower Veriloid dosage, with greatly reduced side actions to Veriloid. Initial dose, one tablet t.i.d., p.c.

Rauwiloid® + Hexamethonium / *In Severe, Otherwise Intractable Hypertension*

Combines ganglionic blockade action of hexamethonium chloride dihydrate (250 mg. per tablet) with Rauwiloid (1 mg.) in a single tablet for easier, safer, ambulatory management of severe cases. Initial dose, ½ tablet q.i.d.

1. Moyer, J.H., in discussion of Galen, W.P., and Duke, J.E.: Outpatient Treatment of Hypertension with Hexamethonium and Hydralazine. South. M.J. 47:858 (Sept.) 1954.

2. Moyer, J.H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. 96:530 (Oct.) 1955.

3. Wilkins, R.W.; Stanton, J.R., and Freis, E.D.: Essential Hypertension. Therapeutic Trial of Veriloid, a New Extract of Veratrum viride, Proc. Soc. Exper. Biol. & Med. 72:302 (Nov.) 1949.

When Angina Complicates Hypertension

Pentoxylon®

Each long-acting tablet contains 1 mg. Rauwiloid and 10 mg. pentaerythritol tetranitrate (PETN). Lessens incidence and severity of attacks, overcomes tachycardia, calms fear and tension. Lowers elevated, but not normal blood pressure. Dosage: one to two tablets q.i.d., before meals and on retiring.

Riker

LOS ANGELES

for a greater margin of security in corticosteroid therapy

- minimizes sodium retention edema
- dietary regulation seldom necessary

in **rheumatoid arthritis:** better relief of pain, swelling, tenderness; diminishes joint stiffness

intractable asthma: better relief of bronchospasm, dyspnea, cough; increases vital capacity

collagen diseases and allergies: hormone benefits with decreased electrolyte side effects

METICORTEN is available in the following forms:
1 mg., 2.5 mg. and 5 mg. tablets
2.5 mg. and 5 mg. capsules

*T.M.

MC-J-66-1255

rather than cortisone
or hydrocortisone

METICORTEN*

PREDNISONE

permits treatment of more patients

- increased safety
- simplified management
- up to 5 times more effective than cortisone or hydrocortisone, milligram for milligram

Schering

for a spastic GUT

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

MEDICAL HORIZONS TV Monday P.M.
Sponsored by CIBA
ABC-TV

Relax the best way
... pause for Coke

continuous quality
is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

HydroCortone®

(HYDROCORTISONE, MERCK)

A valuable aid in rehabilitating the arthritic patient

MAJOR ADVANTAGES: Greater anti-rheumatic activity than cortisone; smaller doses produce clinical improvement faster and more uniformly.[1]

HYDROCORTONE is a practical long-term therapeutic measure in the majority of patients suffering from rheumatoid arthritis. The use of small doses of HYDROCORTONE in conjunction with conservative general measures will permit the safe management of these arthritics for prolonged periods of time. Such a program has been shown to provide moderate to great relief in a very high percentage of patients.[2] In severely handicapped people, HYDROCORTONE plus physical therapy will frequently allow the rehabilitation of arthritics who would not be helped appreciably by either measure alone.[3]

OTHER INDICATIONS: Still's Disease, rheumatoid spondylitis, psoriatic arthritis, traumatic arthritis, osteoarthritis, and bursitis.

SUPPLIED: ORAL—HYDROCORTONE Tablets: 20 mg., bottles of 25, 100, and 500 tablets; 10 mg., bottles of 50, 100, and 500 tablets; 5 mg., bottles of 50 tablets. **INTRASYNOVIAL**—Saline Suspension HYDROCORTONE-T.B.A.: 25 mg./cc., vials of 5 cc. Saline Suspension HYDROCORTONE Acetate: 25 mg./cc., vials of 5 cc.

SHARP & DOHME

PHILADELPHIA 1, PA
DIVISION OF MERCK & CO. INC.

REFERENCES: 1. Boland, E. W. and Headley, N. E., *J.A.M.A.* **148**:981, March 22, 1952. 2. Ward, L. E., Polley, H. F., Slocumb, C.H. and Hench, P. S., *J.A.M.A.* **152**:119, May 9, 1953. 3. Snow, W. B. and Coss, J. A., *N.Y. State J. Med.* **52**:319, Feb. 1, 1952.

In Colds... *Anywhere... Any time...*

Neo-Synephrine®
hydrochloride

Prompt and Prolonged Decongestion
Sinus Drainage and Aeration

NO IRRITATION • NO SEDATION • NO EXCITATION

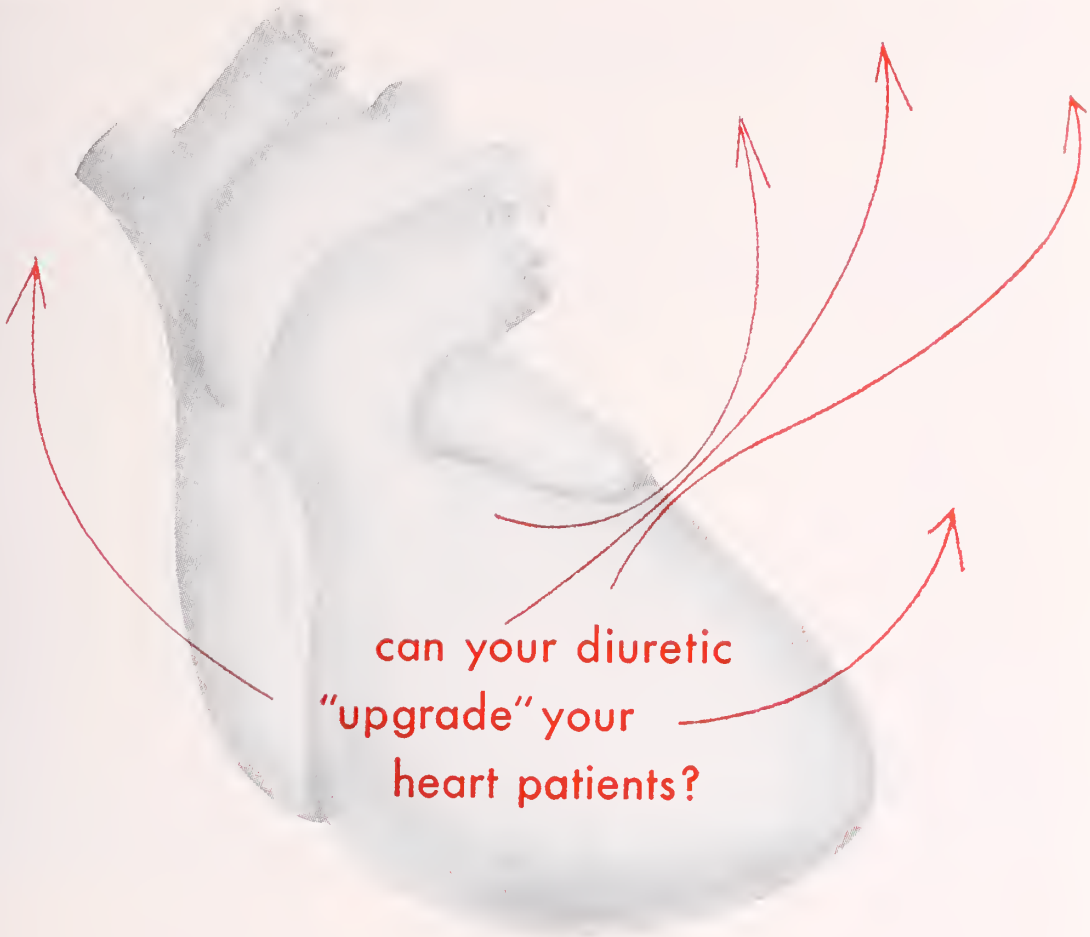
- **Nasal Solutions** 0.25%, 0.5% and 1%
- **Nasal Spray** 0.5%
- **Pediatric Nasal Spray** 0.25%,

plastic, unbreakable squeeze bottle leakproof, delivers a fine mist

with Zephiran® chloride 1:5000, antibacterial wetting agent and preservative for greater efficiency

Neo-Synephrine (brand of phenylephrine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.

Winthrop LABORATORIES
NEW YORK 18, N. Y. • WINDSOR, ONT.



know your diuretic

fewer restrictions of activity are the benefit of prolonged use of those diuretics effective over the entire range of cardiac failure. The organomercurials—parenteral and oral—improve the classification and prognosis of your decompensated patients. Diuretics of value only in milder grades of failure, or which must be given intermittently because of refractoriness or side effects, are incapable of "upgrading" the cardiac patient.

TABLET
NEOHYDRIN®
BRAND OF CHLORMERODRIN

(18.3 MG. OF 3-CHLOROMERCURI-2 -METHOXY-PROPYLUREA IN EACH TABLET)

for "...a new picture of the patient in congestive heart failure."*
replaces injections in 80% to 90% of patients
*Leff, W., and Nussbaum, H. E.: J. M. Soc. New Jersey 50:149, 1953.

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

Leadership in diuretic research
Lakeside LABORATORIES, INC., MILWAUKEE 1, WISCONSIN

88855

in arthritis
and
allied disorders...

nonhormonal anti-arthritic

BUTAZOLIDIN®

(brand of phenylbutazone)

relieves pain • improves function • resolves inflammation

Employing the serum protein-polysaccharide ratio (PR) as an objective criterion of rheumatoid activity, it has again been shown that BUTAZOLIDIN "...produces more than a simple analgesic effect in rheumatoid arthritis."[1]

Clinically, the potency of BUTAZOLIDIN is reflected in the finding that 57.6 per cent of patients with rheumatoid arthritis respond to the extent of "remission" or "major improvement."[2]

Long-term study has now shown that the failure rate with BUTAZOLIDIN in rheumatoid arthritis, and particularly in rheumatoid spondylitis, is significantly lower than with hormonal therapy.[3]

(1) Poyne, R. W.; Shetlar, M. R.; Farr, C. H.; Hellboum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. 45:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. 1:168, 1955. (3) Holbrook, W. P.: M. Clin. North America 39:405, 1955.

BUTAZOLIDIN® (brand of phenylbutazone). Red coated tablets of 100 mg.

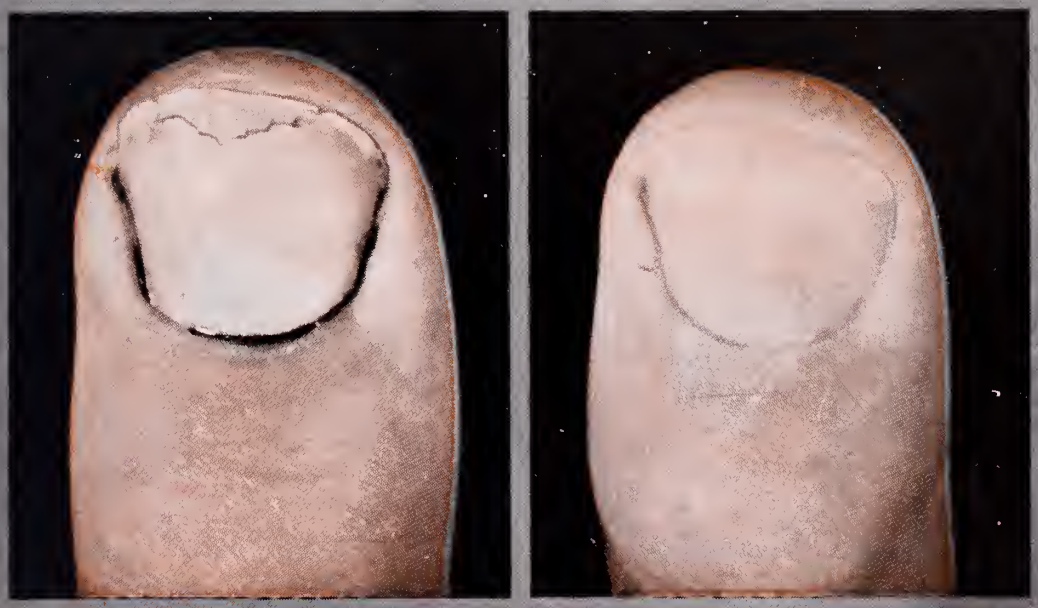
BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before instituting therapy.

GEIGY PHARMACEUTICALS Division of Geigy Chemical Corporation
220 Church Street, New York 13, N. Y.
In Canada: Geigy Pharmaceuticals, Montreal

S1155

Geigy

KNOX Protein Previews



New Study Shows Gelatine
Restores Brittle Fingernails to Normal

Directions for making the Knox Gelatine drink in every package

Brittle, fragile or laminating fingernails are the bane of many a woman's existence. Yet this highly prevalent and distressing condition often has gone uncontrolled for lack of effective therapy. Now, you can promise these patients substantial relief in a large percentage of cases.

In a recent study[1] that confirmed previous work[2] Knox Gelatine was used to treat 36 women with fragile, brittle, laminating fingernails. The response was most gratifying. Except for three patients who discontinued the therapy, three diabetics, and two women who had congenital deformities, the splitting ceased and all other patients were able to manicure their nails to a full point by the time the study ended.

Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Improvement, however, was noted after the first month. If you would like more complete details of this work, just use the coupon.

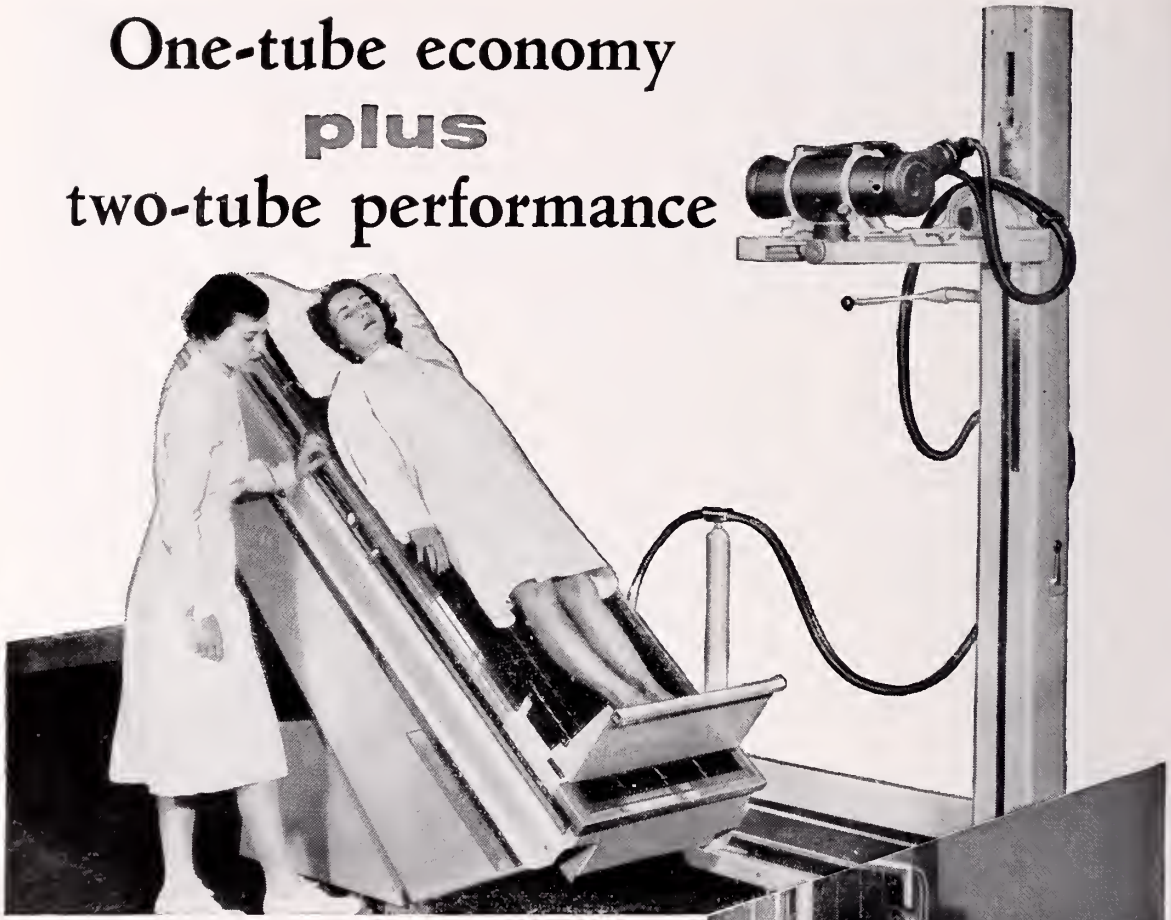
1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* 19:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* 14:323, May 1950.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ-14
Johnston, N. Y.

Please send me a reprint of the article by Rosenberg and Oster with illustrated color brochure.

YOUR NAME AND ADDRESS

One-tube economy plus two-tube performance



YOURS with the 200-ma MAXICON® X-ray Unit

This modestly priced single-tube unit brings you fully professional radiographic and fluoroscopic facilities. These include the generous full-length table . . . broad-coverage independent tube stand . . . powerful 200-ma transformer . . . high-power rotating-anode tube. You also get:

Full-wave rectification — Brings you *full* 200-ma power for clear, sharp radiographs. Shorter exposures stop motion even when working with obese patients.

Quality that cuts costs — Professionally scaled components mean economical, dependable service.

Room to grow — Later, should you desire to expand your Maxicon installation, you can add a separate under-table tube.

No need to buy! — If you prefer, enjoy all these advantages on the G-E Maxiservice® rental plan with *no* capital investment. Your G-E x-ray representative will give you full details. Contact him at the address below.

Progress Is Our Most Important Product

GENERAL ELECTRIC

Direct Factory Branches:

CHARLESTON — 5616 MacCorkle Avenue, S.E. PITTSBURGH — 231 South Euclid Avenue

ROANOKE — 202 S. Jefferson Street

PEN·VEE·Oral*

TABLETS

Penicillin V, Crystalline
(Phenoxymethyl Penicillin)

*Trademark

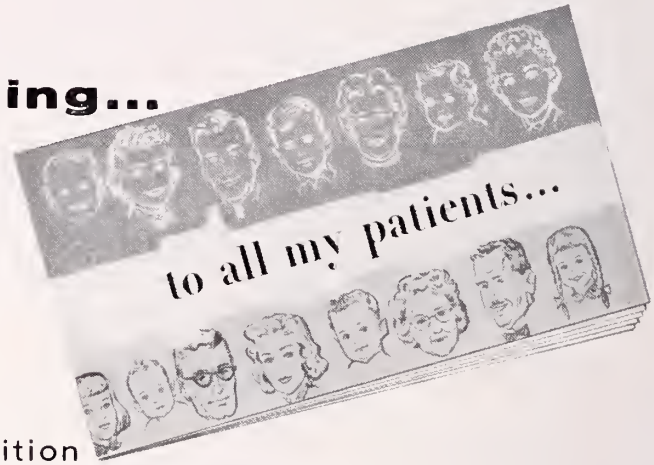
the totally new penicillin for decisive oral dependability

- Formulated specifically for oral use
- Acid-stable—virtually unaffected by gastric acid
- Alkaline-soluble—optimally absorbed in duodenum
- Certain, high blood levels

Supplied: Tablets, 125 mg. (200,000 units), bottles of 36; 300 mg. (500,000 units), bottles of 12. Also available: Tablets BICILLIN®•VEE, 100 mg. (100,000 units) of benzathine penicillin G and 62.5 mg. (100,000 units) of penicillin V, bottles of 36.

Wyeth®
Philadelphia 1, Pa.

introducing...



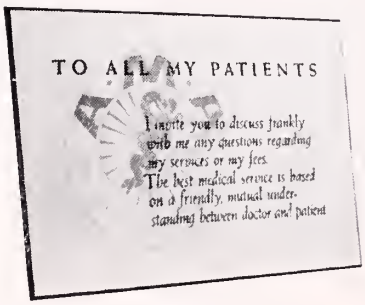
the latest addition to **AMA's** parade of **PR** aids *sure to make a hit with your patients by providing written answers to many questions about their medical care.*

AMA now offers you its newest publication designed as a PR adjunct to your medical practice. TO ALL MY PATIENTS is just one of several public relations pieces recently developed by AMA to help you and your patients achieve that mutual understanding so important to a successful doctor-patient relationship. This attractive 12-page pamphlet—which was mailed to all AMA members—briefly describes the responsibilities of various persons on the medical team . . . discusses medical and hospital fees and health insurance . . . and encourages a friendly discussion of medical services and fees.

TO ALL MY PATIENTS begins: "I appreciate the confidence you have expressed in me by selecting me as your physician. I sincerely hope that I can give you and your family the kind of medical service you desire. . ."

TO ALL MY PATIENTS concludes: "It is difficult for a physician briefly to explain every service necessary in providing good care because each case is different. I sincerely hope this leaflet will give you a better understanding of some of the services you may require. . ."

For that added personal touch, space has been provided on the back cover for you to imprint or stamp your name. Quantities of TO ALL MY PATIENTS may be secured free of charge from the American Medical Association by sending in the coupon below.



a companion **PR** aid

TO ALL MY PATIENTS plaque for display in the office or reception room . . . encourages patients to ask questions about medical services or fees . . . available from AMA for one dollar postpaid. Send in the coupon today!

another A·M·A membership service **ORDER NOW**

Public Relations Department
AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street • Chicago 10, Illinois

Send me_____TO ALL MY PATIENTS pamphlets

Also send_____office plaques at $1.00 each

NAME_____
(*please print*)

ADDRESS_____

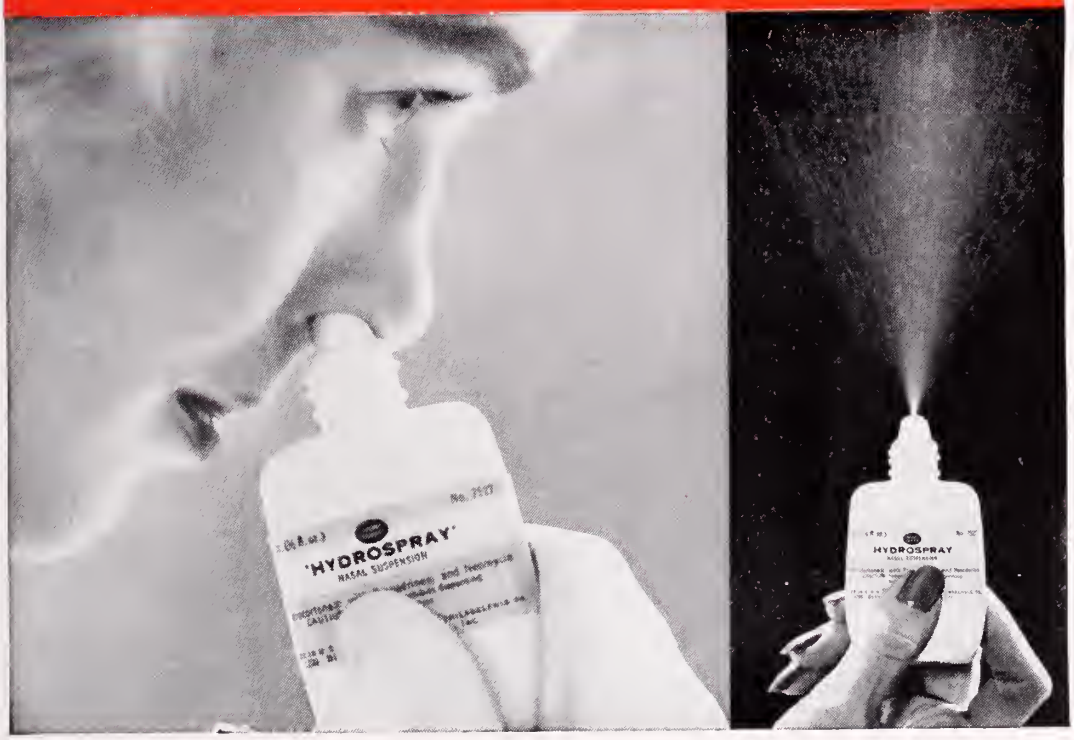
CITY_____ZONE____STATE_____

'Hydrospray' NASAL SUSPENSION

(HYDROCORTONE® WITH PROPADRINE® AND NEOMYCIN)

Anti-inflammatory—
Decongestant—Antibacterial

MAJOR ADVANTAGES: New synergistic anti-inflammatory, decongestant and antibacterial formula. High steroid content assures effective response.



Topically applied hydrocortisone[1] in therapeutic concentrations has been shown to afford a significant degree of subjective and objective improvement in a high percentage of patients suffering from various types of rhinitis. HYDROSPRAY provides HYDROCORTONE in a concentration of 0.1% plus a safe but potent decongestant, PROPADRINE, and a wide-spectrum antibiotic, Neomycin, with low sensitization potential. This combination provides a three-fold attack on the physiologic and pathologic manifestations of nasal allergies which results in a degree of relief that is often greater and achieved faster than when any one of these agents is employed alone.
INDICATIONS: Acute and chronic rhinitis, vasomotor rhinitis, perennial rhinitis and polyposis.

SUPPLIED: In squeezable plastic spray bottles containing 15 cc. HYDROSPRAY, each cc. supplying 1 mg. of HYDROCORTONE, 15 mg. of PROPADRINE Hydrochloride and 5 mg. of Neomycin Sulfate (equivalent to 8.5 mg. of neomycin base).

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

REFERENCE: 1. Silcox, L. E., *A.M.A. Arch. Otolaryng.* **60**:431, Oct. 1954.

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: ATHEY R. LUTZ, Parkersburg
First Vice President: E. LYLE GAGE, Bluefield
Second Vice President: CHARLES A. HOFFMAN, Huntington
Treasurer: T. MAXFIELD BARBER, Charleston
Executive Secretary: MR. CHARLES LIVELY, Charleston
Ass't. Exec. Sec'y.: MR. WM. H. LIVELY, Charleston

A. M. A. Delegates:
WALTER E. VEST (1956), Huntington
FRANK J. HOLROYD (1957), Princeton

A. M. A. Alternates:
JACOB C. HUFFMAN (1956), Buckhannon
THOMAS G. REED (1957), Charleston

COUNCIL

Chairman: J. P. MCMULLEN, Wellsburg
At Large: RUSSEL KESSEL, Charleston

First District:
GEORGE T. EVANS (1956), Fairmont
R. ALAN FAWCETT (1957), Wheeling

Second District:
CHARLES L. LEONARD (1956), Elkins
CARL E. JOHNSON (1957), Morgantown

Third District:
JOHN F. MCCUSKEY (1956), Clarksburg
JACOB C. HUFFMAN (1957), Buckhannon

Fourth District:
RAY H. WHARTON (1956), Parkersburg
FRANCIS L. COFFEY (1957), Huntington

Fifth District:
EVERETT H. STARCHER (1956), Logan
RUSSELL A. SALTON (1957), Williamson

Sixth District:
R. R. SUMMERS (1956), Charleston
PHILIP W. ODEN (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J. Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication
Walter E. Vest, Huntington, Chairman; G. G. Irwin, Charleston; R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F. Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgontown.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiana, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

W. Va. Acad. of Ophthalmology and Otolaryngology
Henry C. Hays, Williamson, President; William F. Beckner, Huntington, First Vice President — President Elect; W. F. Shirkey, Charleston, Second Vice President; and Frederick C. Reel, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health
Edward V. Henson, South Charleston, Chairman; Guy R. Post, Parkersburg, Vice Chairman; and David C. Prickett, Fairmont, Secretary-Treasurer.

Internal Medicine
Clark K. Sleeth, Morgantown, President; and J. J. Lawless, Morgantown, Secretary.

Neurology, Neurosurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

Orthopedic Surgery
Howard G. Weiler, Wheeling, Chairman; H. M. Hills, Jr., Charleston, Vice Chairman; and George Miyakawa, Charleston, Secretary-Treasurer.

West Virginia Association of Pathologists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

W. Va. Pediatric Society
Thomas G. Potterfield, Charleston, President; Warren D. Leslie, Wheeling, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
J. Dennis Kugel, Charleston, President; J. L. Patterson, Logan, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Charles M. Scott, Bluefield, Chairman; and Kenneth G. MacDonald, Charleston, Secretary-Treasurer.

Urology
Henry M. Escue, Charleston, President; C. A. Hoffman, Huntington, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS

W. Va. Society of Anesthesiologists
Newman H. Newhouse, Charleston, President; David A. Haught, Huntington, Vice President; and Richard A. Rose, Weirton, Secretary-Treasurer.

W. Va. Diabetes Association
Halvard Wanger, Shepherdstown, President; Waldo C. Henson, Charleston, Vice President; and Delmer J. Brown, Parkersburg, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
William E. Bray, Jr., Huntington, President; Clark K. Sleeth, Morgantown, President Elect; R. U. Drinkard, Wheeling, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

NOW IN TWO POTENCIES

for more precise dosage

NEW 1 mg. pink tablet | 5 mg. tablet

MOST POTENT ANTI-RHEUMATIC

Sterane*

Both tablets are deep-scored and of the
SAME DISTINCTIVE "FINGER-GRIP" SIZE AND SHAPE
for ease of handling and breaking by arthritic fingers.

anti-rheumatic/anti-allergic/anti-inflammatory

supplied: **Pink,** 1 mg. oral tablets, bottles of 100.
White, 5 mg. oral tablets, bottles of 20 and 100.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

*brand of prednisolone

when patients complain of

unexcelled relief in nonspec

NEW SIGA

best of the old	Acetylsalicylic acid	325 m
potentiated by the best of the new	METICORTEN	0.75 m
augmented by	Ascorbic acid	20 m
plus	Aluminum hydroxide	75 m

METICORTEN (prednisone), new Schering corticosteroid, has three to fiv times the therapeutic effectiveness, milligram for milligram, of oral cort sone or hydrocortisone. Combined in SIGMAGEN with aspirin and ascorb acid, it permits unexcelled maintenance of "rheumatic" relief at minim dosages.

Schering

neck • backache • charleyhorse • rheumatics

lumbago • glass arm • devil's grip • bursitis

nis elbow • trigger finger • sciatica • neuralgia

eumatic disorders

AGEN

TABLETS

licated in

iscular rheumatism • mild rheumatoid arthritis • myalgia

ild spondylitis • fibrositis • myositis • subacute gout

pleurodynia • tenosynovitis • panniculitis • frozen-shoulder

ckaging

tles of 100 and 1000.

AGEN,* brand of corticoid-analgesic compound.

ICORTEN,* brand of prednisone.

l.

when
the condition
requires
a reliable
antiseptic

Lilly
QUALITY / RESEARCH / INTEGRITY

specify

'Merthiolate'
(THIMEROSAL, LILLY)

'Merthiolate' is highly active under virtually all conditions; is relatively nonirritating and nontoxic

'Merthiolate' is germicidal in dilutions up to 1:4,000 in serum media and is relatively nonirritating in the concentrations suggested for use. It also maintains its activity in the presence of soaps. The fact that 'Merthiolate' is used as a bacteriostatic agent in fluids for parenteral administration gives strong evidence of its safety.

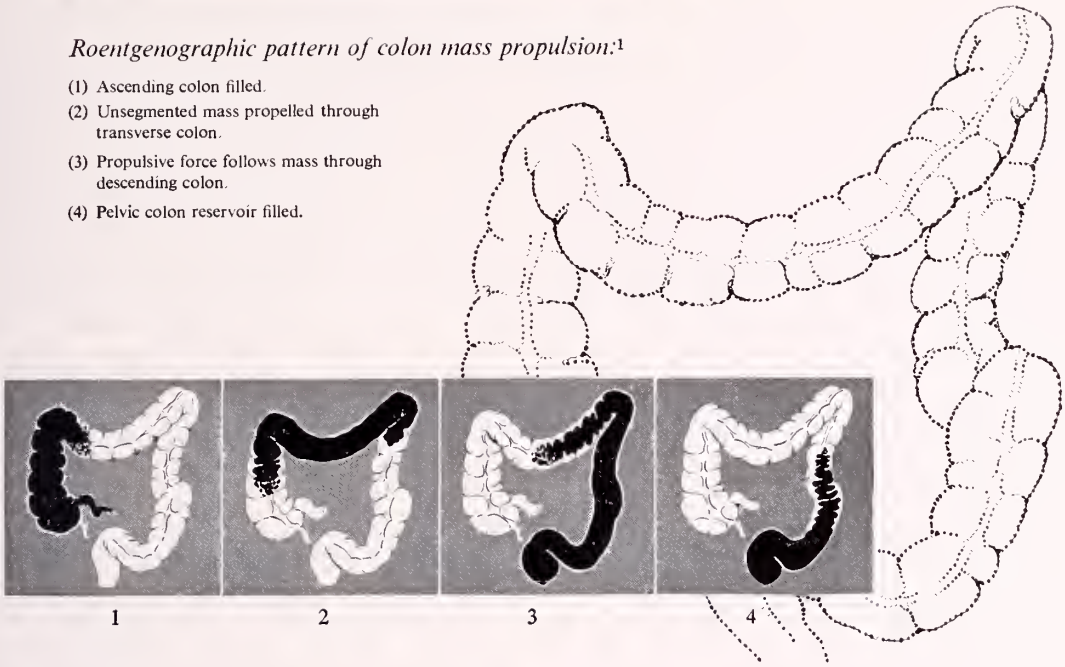
860000

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

SMOOTHAGE ACTION IN CONSTIPATION

Roentgenographic pattern of colon mass propulsion:[1]

(1) Ascending colon filled.
(2) Unsegmented mass propelled through transverse colon.
(3) Propulsive force follows mass through descending colon.
(4) Pelvic colon reservoir filled.



Reestablishing Bowel Reflexes with Metamucil®

Nervous fatigue, tension, injudicious diet, failure to establish regularity, too little exercise, excessive use of cathartics—all factors which contribute to constipation.[2]

Sufficient bulk and sufficient fluid form the basic rationale of treatment of constipation with Metamucil.

Metamucil (the mucilloid of Plantago ovata) produces a bland, smooth bulk when mixed with the intestinal contents. This bulk, through its mass alone, stimulates the peristaltic reflex and thus initiates the desire to evacuate, even in patients in whom postoperative hesitancy exists.

Such gentle stimulation is of distinct advantage in reeducating and reestablishing those reflexes which control bowel evacuation. Many factors may pervert the normal reflexes, causing finally chronic constipation. Among them are: nervous fatigue and tension, improper intake of fluid, improper dietary habits, failure to respond to the call to stool, lack of physical exercise and abuse of the intestinal tract through excessive use of laxatives.[2]

Correction of constipation logically, therefore, lies in the suitable adjustment of these factors. The characteristics of Metamucil permit the correction of most of these factors: it provides bulk; it demands adequate intake of fluids (one glass with Metamucil powder, one glass after each dose); it increases the physiologic demand to evacuate; and it does not establish a laxative "habit." Metamucil, in addition, is inert, and also nonirritating and nonallergenic.

The average adult dose is one rounded teaspoonful of Metamucil powder in a glass of cool water, milk or fruit juice, followed by an additional glass of fluid if indicated.

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent. It is supplied in containers of 4, 8 and 16 ounces. G. D. Searle & Co., Research in the Service of Medicine.

---

1. Best, C. H., and Taylor, N. B.: The Physiological Basis of Medical Practice: A Text in Applied Physiology, ed. 5, Baltimore, The Williams & Wilkins Company, 1950, pp. 579-583.
2. Bargen, J. A.: A Method of Improving Function of the Bowel, Gastroenterology *13*:275 (Oct.) 1949.

SEARLE

The Month In Washington*

Bills that have been hanging fire in Senate and House Committees for over a year finally are getting attention as the Administration pushes its program for broader and more uniform medical care for the families of servicemen.

A new version of a bill was dropped in the hopper on the opening day of this session by Chairman Carl Vinson of the House Armed Services Committee. It was designed in part to supply answers to a number of questions growing out of earlier versions sponsored by the Defense Department. Actually, it raised more questions, which only hearings and testimony from expert witnesses and debate on the floor of Congress can answer.

The bill (H.R. 7994) authorizes, as a matter of right, broad medical care for dependents of the armed forces as well as of Coast Guard, Public Health Service and Coast and Geodetic Survey personnel serving on active duty. (The bill would authorize health insurance only for dependents of the latter three services.) Separate bills have been introduced in the past providing medical care for dependents of Coast Guard, PHS and Geodetic Survey, but this marks the first time they have been included in the same bill with military personnel.

In provision of services, the bill has no surprises over its predecessors. It calls for diagnosis, treatment of acute medical and surgical conditions, treatment of contagious diseases, and maternity and infant care.

On another point of major interest to physicians, the bill drops all mention of the home-town medical care plan, which was a part of Congressman Vinson's earlier bill. That bill contemplated use of civilian hospitals and doctors for those dependents who were not near military medical facilities and who had not taken out health insurance, with the government paying part of the cost.

Another area of almost certain debate in the latest bill is the insurance features. There are these main points:

1. A serviceman may elect to rely entirely on the chance of finding space available in a military hospital or clinic for his family, or he may choose protection through an insurance plan.

2. The family deciding on insurance has its choice of going to a military hospital or using civilian resources. The uninsured family could be charged by the military for out-patient care, and would have to pay subsistence costs while in the hospital.

3. A serviceman taking insurance would pay 30% of monthly premiums for a basic plan covering his wife and children, and the entire premiums for coverage of dependent parents and parents-in-law. Parents and parents-in-law who found space in a military hospital, however, would be admitted on the same basis as wives and children.

4. Catastrophic-type coverage, at additional premium.

5. To take care of long term illnesses, the bill provides for transfer of dependents to military facilities once they have used up benefits in an insurance plan. Or if such transfer isn't feasible, the government could pay the additional costs for private care.

The bill was introduced before the Defense Department had completed a survey of Blue Shield, Blue Cross and commercial plans to determine to what extent they could provide care under the bill. Conceivably the survey could further change the shape of an already much-revised piece of legislation.

President Eisenhower in his State of the Union message summed up the case for dependent medical care this way: "Much has been done to attract and hold capable military personnel, but more needs to be done." He also broadly outlined administration plans in the health field, with emphasis on more money for research and federal aid to medical schools and to private research facilities for construction. With bipartisan bills along this line already before congress, these proposals may move right along before adjournment in midsummer.

However, Congress might decide that for this year medical schools should settle for the $90-million of Ford Foundation money being made available to private schools to help strengthen teaching staffs.

By the same token, there was some question just how much Congress would vote for Hill-Burton hospital programs this season in the light of $200-million Ford grants to some 3,500 non-profit hospitals.

A recent Public Health Service report indicates that states are now showing less preference for "public" Salk vaccine programs than they did a few months ago.

*From the Washington office of the American Medical Association.

CONSCIENCE

Good conscience is directed by the spirit of God. It is an inner guide which leads us to right decisions. It teaches us that there can be no compromise with right. "The testimony of a good conscience," said Thomas á Kempis, "is the glory of a good man." Our progress and development have come from men and women whose conscience has inspired them to carry out the Golden Rule.

Through prayer and study of spiritual and educational teachings, we keep conscience alive. George Washington said we must "labor to keep alive . . . that little spark of heavenly fire called conscience." Thos. J. Watson in Think.

AFTER FIFTY YEARS

Medical education has advanced in the past fifty years in the same gross proportion as aviation. Perhaps this startling comparison is something which has never occurred to you before, but the example is clear enough. Just recall the flight of the Wright brothers and compare it with the roar and vapor trail of hte supersonic jet you saw today. So it is that medical education in half a century has dramatically advanced to its present high standards. Your physician has the world's best training.—Cummings H. McCall, M. D., in The Mississippi Doctor.

OBITUARIES

JAY LEONARD HUTCHISON, M. D.

Dr. Jay Leonard Hutchison, 47, of Huntington, died in a hospital in that city, January 1, 1956, following a cerebral hemorrhage suffered on December 20, 1955. He had been critically ill since that time.

Doctor Hutchison was born in Huntington, November 5, 1908, son of Mrs. J. H. Hutchison and the late J. H. Hutchison, M. D.

He had his pre-medical education at Marshall College, and received his M. D. degree from Duke University School of Medicine in 1934. He served his internship at Duke Hospital, 1934-35, and was a resident there, 1935-36.

Doctor Hutchison also served a residency in orthopedic surgery at North Carolina Orthopedic Hospital at Gastonia, at the University of Virginia Hospital at Charlottesville, and at Logan General Hospital, Logan.

He located at Huntington in 1937 where he continued the practice of his specialty of orthopedic surgery until he was stricken in December.

Doctor Hutchison was a member of the Cabell County Medical Society, the West Virginia State Medical Association, the American Medical Association, and the American Academy of Orthopedic Surgeons. He was certified by the American Board of Orthopedic Surgery.

Besides his mother, he is survived by his widow, Mrs. Hazel Hutchison, a daughter, Judith, and a son, Jimmy, at home; and two brothers, Dr. Roy Hutchison of Oakland, California, and Don Hutchison of Huntington.

FATIGUE A VIRTUE

Fatigue is a normal phenomenon experienced by everyone. It is accepted as a normal physiologic condition or state and is easily relieved by rest and sleep, thus allowing the organism the opportunity to reestablish equilibrium and to maintain physical and psychologic integrity. The amount of sleep and rest may vary with the individual and from situation to situation depending on individual circumstances. Some individuals may require ten hours of sleep per night, while others may feel equally refreshed with only six.

The concept of fatigue as a normal response to a normal condition leads one to conclude that fatigue itself is generally a virtue rather than a fault. However, in our present-day civilization, with the many and varied demands placed on us, we may also conclude that fatigue is truly the inalienable right of every American citizen.—Edward A. Burkhardt, M. D., in N. Y. St. J. Med.

CLINIC FOR ADOLESCENTS

A clinic for adolescents—a medically neglected age group—has been opened at Children's Hospital, Boston, Mass. Among the problems treated are acne, obesity, indigestion, and unexplained headaches.—R.N.

"Premarin" relieves menopausal symptoms with virtually no side effects, and imparts a highly gratifying "sense of well-being."

"Premarin" ®—Conjugated Estrogens (equine)

5511

"BEING DISPENSED BY MORE AND MORE PHYSICIANS EVERY DAY"

The New

KYLBAC VAGINAL DOUCHE POWDER

—CONTAINS—

KYLBAC (a quaternary ammonium compound)	5%
Boric Acid U. S. P.	50%
Magnesium Sulphate, Dried U. S. P.	45%

DIRECTIONS: One to two teaspoonsful to one quart of warm water as a vaginal douche.

♦

A VAGINAL DOUCHE POWDER INCORPORATING THE HIGH BACTERICIDAL AND DEODORANT PROPERTIES OF KYLBAC IN A CLEANSING AND DEPLETING DOUCHE.

♦

Supplied in 3 ozs. and 6 ozs. packages

♦

Literature and Samples Supplied to Physicians on Request

♦

28 Years of Service — 1928-1956

♦

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

COUNTY SOCIETIES

CABELL

The following resolution was unanimously adopted by the Cabell County Medical Society at the regular monthly dinner meeting held in Huntington, January 12, 1956:

Whereas, HR 7225, would, among other things, raise Social Security taxes over and above the increases already scheduled for the next twenty years; and

Whereas, it would lower the Social Security retirement age of women from 65 to 62; would extend O.A.S.I. benefits for totally and permanently disabled children beyond the age of 18; and would make totally and permanently disabled persons eligible to receive Social retirement benefits at age 50 instead of 65; and

Whereas, physicians both in determining total and permanent disability and in providing the rehabilitation services required by the legislation before the cash benefit is paid, presumably would be under Federal regulation and would be paid for their professional services, at least in part, out of Federal funds; and

Whereas, physicians would be subject to constant pressure from government administrators and patients seeking disability certification, to the continual harassment of individual physicians; and

Whereas, HR 7225, would be the entering wedge for the socialization of medicine and the medical profession; and

Whereas, HR 7225 was rushed through the House Ways and Means Committee in brief executive session without public hearings and passed by the House of Representatives by a roll call vote under a procedure suspending the rules, barring amendments, and limiting debate to forty minutes; and

Whereas, the original Social Security Act has been amended from time to time with what would appear to be scant consideration as to actuarial soundness of the amendments; and

Whereas, HR 7225 is in no sense emergency legislation:

Therefore, be it resolved by the Cabell County Medical Society that we urge upon the Congress and especially upon the Finance Committee of the Senate the necessity and the wisdom of the creation of a well qualified non-partisan commission, either governmental or private, or both, to make a thorough, objective and impartial study of the economic, social and political impact of social security, both medical and otherwise, upon the United States of America; that the present Social Security law be allowed to stand intact pending the report of the commission; and that the facts developed by the commission in its study be the sole basis for objective non-political improvements to the Social Security Act, for the benefit of all the American people; and

Be it further resolved, that copies of this resolution be sent to the President of the United States; to the Secretary of the Department of Health, Education and Welfare; to Honorable Harry F. Byrd, Chairman of the Senate Finance Committee; to Honorable Matthew M. Neely and Honorable Harley F. Kilgore, Senators from West Virginia; and to each of the West Virginia members of the House of Representatives.

The president, Dr. Thomas G. Folsom, presided at the meeting, which was attended by more than 75 members.—Ronald E. Crissey, M. D., Secretary.

FORT HENRY ACADEMY

Dr. Bruce K. Wiseman of Columbus, Ohio, professor and chairman of the department of medicine at Ohio State University College of Medicine, was the guest speaker at the regular dinner meeting of the Fort Henry Academy of Medicine at the Elks Club in Wheeling, January 24, 1956. His subject was, "The Newer Chemo-Therapeutic Agents in the Treatment of Leukemia."—Charles H. Hiles, M. D., Secretary.

* * * *

HANCOCK

Dr. Richard A. Rose of Weirton, was elected president of the Hancock County Medical Society at a meeting held at the Williams Country Club, in that city, December 20, 1955.

Dr. Arthur M. Phillips also of Weirton, was named vice president, and Dr. David S. Pugh of Chester, secretary-treasurer.—Paul Mesaros, M. D., Secretary.

* * * *

HARRISON

Dr. Joseph Gilman of Clarksburg was named president of the Harrison County Medical Society at the regular monthly meeting held in that city, January 5, 1956. He succeeds Dr. C. Fred Fisher.

Dr. Marcus E. Farrell was elected vice president and Dr. Creed C. Greer, treasurer. Dr. Lawrence B. Thrush was reelected secretary.

The Society adopted unanimously a resolution introduced by Dr. Sobisca S. Hall, chairman of the legislative committee, vigorously opposing the amendments to the social security act proposed in HR 7225. The resolution was prepared in letter form addressed to the two United States Senators from West Virginia, Matthew M. Neely and Harley M. Kilgore.

Dr. Bernard J. Walsh of Washington, D. C., was the guest speaker on the scientific program. He is associate clinical professor of medicine at Georgetown Medical School. His subject was, "Chest Pain." Dr. Lynwood D. Zinn introduced the speaker and Doctor Gilman presided at the meeting, which was attended by 56 members and guests.—Lawrence B. Thrush, M. D., Secretary.

* * * *

MERCER

The annual Christmas dinner for members of the Mercer County Medical Society and their wives was held at the Bluefield Country Club, December 19, 1955.

The entertainment, arranged by Dr. C. D. Pruett, was furnished by the Trinity Quartet, composed of Messrs. Eugene Jones, J. C. Walters, Jr., Bob Sykes and Jack Lawrence, with Mrs. Eugene Jones as accompanist.

At the business meeting which was held following the entertainment, Dr. Paul Champion was elected president, and Dr. George E. Snider, vice president. Dr. John J. Mahood and Dr. D. V. Kechele were reelected secretary and treasurer, respectively.

Dr. Gordon L. Todd, Jr., was named a member of the board of censors for a term of three years. Dr. Hampton St. Clair was elected for a two-year term as delegate to the House of Delegates, and Dr. L. J. Pace

Upjohn
KALAMAZOO

Indicated wherever oral cortisone or hydrocortisone is effective · Available in 5 mg. tablets in bottles of 30 and 100 Usual dosage is ½ to 1 tablet three or four times daily

Deltasone*

requires only 1/5 the dose of cortisone

*Trademark for the Upjohn brand of prednisone (delta-1-cortisone)

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all-purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A. Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

and Dr. Upshur Higginbotham were each elected for a one-year term.

Dr. Arch T. McCoy, II, of Bluefield, was elected to membership in the Society, and Dr. Marshall W. Sinclair was elected to honorary membership.—J. J. Mahood, M. D., Secretary.

At the regular monthly dinner meeting of the Mercer County Medical Society held January 16 at the Bluefield Auditorium Restaurant, the president, Dr. Paul Champion of Princeton, announced the appointment of the following committees to serve during 1956:

Public Relations: Dr. George E. Snider, chairman; and Drs. L. J. Pace and Karl E. Weier.

Legislative: Dr. E. L. Gage, chairman; and Drs. Upshur Higginbotham and Frank J. Holroyd.

Associated Hospitals: Dr. E. L. Gage, chairman; and Drs. Daniel Hale and Upshur Higginbotham.

Cancer Control: Dr. D. V. Kechele, chairman; and Drs. Richard C. Neale and G. L. Todd, Jr.

Disaster: Dr. P. P. Ferraraccio, chairman; and Drs. F. C. Goodall; and C. R. Hughes.

Physician-Hospital Relations: Dr. Sam Milchin, chairman; and Drs. Ernest B. Spangler, Jr., and C. R. Hughes.

Advice and Deportment: Dr. Robert S. Gatherum, Jr., chairman; and Drs. Henry F. Warden, Jr. and Joe E. McCary.

Diabetes: Dr. Upshur Higginbotham, chairman; and Drs. J. R. Shanklin and J. I. Markell.

Dr. E. L. Gage, chairman of the state fact finding and legislative committee, discussed pending national

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

- WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

legislation with particular emphasis on HR 7225, which provides for amendments to the social security act.

The Society unanimously passed a motion authorizing the appointment of a committee to draft a resolution concerning the bill, with the understanding that copies are to be mailed to the members of the finance committee of the United States Senate. In the resolution, the request is to be made that the bill be studied and discussed at open hearings.

The chairman appointed the following committee to draft the resolution: Dr. E. L. Gage, chairman; and Drs. Frank J. Holroyd and Upshur Higginbotham.

Dr. John J. Mahood was the guest speaker on the scientific program. He discussed the treatment of skin diseases. His paper was illustrated with lantern slides. The meeting closed with a discussion of treatment problems in dermatology, with several members participating.—John J. Mahood, M. D., Secretary.

THE "OLOGIES"

"Yes," said the daughter, "I have graduated but I must get better informed in psychology, philosophy, and biology."

"Now listen to me," returned her practical mother, "I've already arranged for you a thorough course in roastology, boilology, stitchology, darnology, patchology, and general domestic hustleology. Now you can get into your working clothesology!"—J. Earl Kagan, M. D., in Medical Annals, D. C.

ONE FOR THE EXAMINER

The candidate was doing well. He had dropped no marks on any of the oral questions. He was, in fact, doing a little too well; both he and the examiner knew it.

"Tell me, then," the examiner asked finally, without a glimmer of a smile on his face: "What is the dose of strabismus?"

The candidate was shrewd. He stroked his chin pensively as if searching for the answer. "The—er—tincture or the solution, sir?" he required dryly. This was a good parry to the examiner's thrust.

"Well?" the examiner frowned. Things had taken a different turn from the I'm-afraid-I-don't-know attitude. "The tincture of course, my boy!" It was important that he kept his flag flying at all costs. But alas, the examiner was baited with his own bait.

"Oh!" the candidate feigned surprise. "I didn't know that strabismus was soluble in alcohol!"—In England Now column in The Lancet.

NEW PRACTICE ACT FOR OHIO NURSES

Ohio's new Nurse Practice Act, effective Jan. 1, provides for the establishment of (1) a governing board comprised of five R. N.'s and three L. P. N.'s to regulate nursing education and licensure, and (2) an advisory council which includes two hospital administrators, a non-nurse member of the Ohio Public Health Association, and a representative of the state's Department of Education.—R. N.

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board

Charles L. Anderson, M. D., Clinical Director

L. Harold Caviness, M. D.

J. Russell Frantz, M. D.

Charles W. Harding, M. D.

Theodore J. Lukens, M. D.

Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

PROFIT

from our

EXPERIENCE

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE

Your Local Bureau Today Regarding Other Services

Charlestan:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winstan, Manager
Phone 6-0781

Huntingtan:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harald Herbert, Manager
Phone 3-0189

Wheeling:

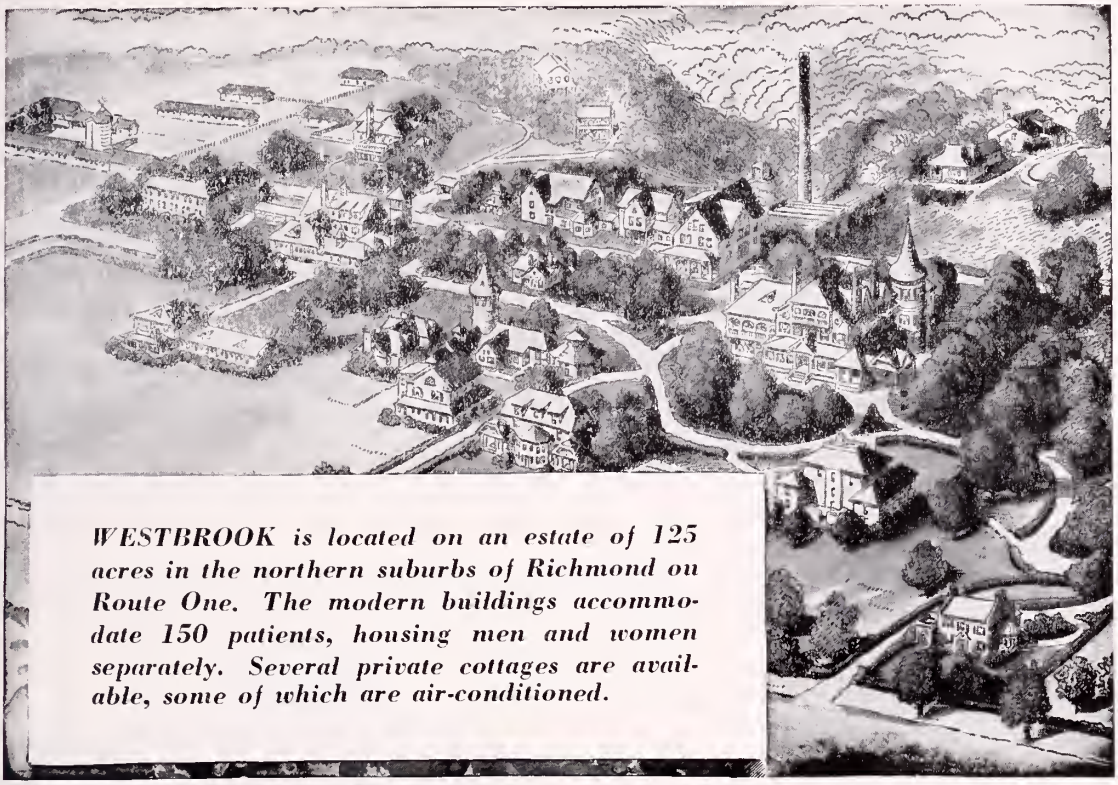
THE MEDICAL-DENTAL BUREAU, INC.

CENTRAL UNION BUILDING
M. O. Babes-W. H. Hagedarn, Owners
Phone 4250

WESTBROOK SANATORIUM

Established 1911

• • • *Richmond, Virginia*



***WESTBROOK** is located on an estate of 125 acres in the northern suburbs of Richmond on Route One. The modern buildings accommodate 150 patients, housing men and women separately. Several private cottages are available, some of which are air-conditioned.*

STAFF

PAUL V. ANDERSON, M. D.
President

REX BLANKINSHIP, M. D.
Medical Director

JOHN R. SAUNDERS, M. D.
Associate

THOMAS F. COATES, M. D.
Associate

JAMES K. HALL, JR., M. D.
Associate

R. H. CRYTZER
Administrator

A PRIVATE psychiatric hospital for the treatment of nervous and mental disorders and the problems of addiction.

The modern diagnostic and treatment procedures include electro-shock, insulin, psychotherapy, occupational and recreational therapy.

WESTBROOK SANATORIUM

P. O. Box 1514 RICHMOND, VIRGINIA *Phone 5-3245*

Brochure of Views and Literature Sent on Request

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: MRS. PAUL P. WARDEN, Grafton
President Elect: MRS. J. E. SPARGO, JR., Wheeling
First Vice President: MRS. GEORGE T. EVANS, Fairmont
Second Vice President: MRS. A. J. VILLANI, Welch
Third Vice President: MRS. LYNWOOD D. ZINN, Clarksburg
Fourth Vice President: MRS. JOHN F. MORRIS, Huntington
Treasurer: MRS. GEORGE MIYAKAWA, Charleston
Recording Secretary: MRS. C. STAFFORD CLAY, Huntington
Corresponding Secretary: MRS. R. D. STOUT, Grafton
Parliamentarian: MRS. J. PRESTON LILLY, Charleston

MRS. ROSS P. DANIEL V. P. SOUTHERN MEDICAL

Mrs. Ross P. Daniel of Beckley, past president of the Woman's Auxiliary to the West Virginia State Medical Association, has been named second vice president of the Auxiliary to the Southern Medical Association. She was elected by the group at the annual meeting in Houston, Texas, November 14-17, 1955.

Mrs. Daniel is now serving as a director of the Woman's Auxiliary to the American Medical Association, having been named at the annual meeting in Atlantic City in June, 1955.

* * * *

HARRISON

The Woman's Auxiliary to the Harrison County Medical Society held a dinner meeting at the Stonewall Jackson Hotel in Clarksburg on January 5, with 40 members and three guests present.

Mrs. Joseph Gilman, president, presided at the meeting and the invocation was given by Mrs. O. W. Ladwig. Mrs. John V. Brannon, program chairman, introduced the two guest speakers, Dr. Richard V. Lynch, Jr., of Clarksburg, and Miss Rachel Zickefoose, home economist for the Monongahela Power Company in Clarksburg.

Doctor Lynch's subject was "Nutrition and Weight Control" and Miss Zickefoose discussed "Low Caloric Menus." A short business meeting followed the speaking program.—Mrs. Creed C. Greer, Correspondent.

* * * *

KANAWHA

The three meetings of the Auxiliary to Kanawha Medical Society held in October, November and December 1955 at the Daniel Boone Hotel proved to be among the most interesting arranged during the year.

Projects to be undertaken during the year were discussed at the October meeting, the program for which was arranged by the president elect, Mrs. W. Paul Elkin.

Dr. Theodore P. Mantz of Charleston, was the guest speaker at the November meeting. His subject was "Cancer". A benefit bridge party was held during the month at the Charleston Woman's Club under the auspices of the Special Projects Committee, with Mrs. Milton J. Lilly as chairman. More than $300.00 was raised at the affair, and this amount will be added to the nurses's scholarship fund.

Announcement was made that the "Effie McClure Memorial Fund" is not a part of the nurses' scholarship fund. The proceeds will be used separately to establish a more permanent scholarship. Contributions to the fund are still being received.

The Christmas program was in the nature of a "Tableaux Vivants". Arrangements were under the supervision of Mrs. R. F. Wohlford. The tableau was directed by Mrs. Joseph A. Smith, with Mrs. John A. B. Holt doing the commentary and Mrs. V. L. Peterson furnishing the music.

Besides, Mrs. Smith, the cast included Mrs. Earl A. McCowen, Mrs. James W. Lane, Mrs. Thomas H. Blake and Mrs. F. C. Reel.

Dr. Russell L. Heinlein, Mr. Morris Kegan and Mr. Thomas Ball, all members of the Guidance Clinic at Memorial Hospital, Charleston, presented a typical case history and showed how the patient is trained by each member.

Mrs. Paul P. Warden of Grafton, state president of the Auxiliary, paid her official visit to Kanawha Auxiliary at a luncheon meeting held at the Daniel Boone here on Tuesday, January 10. The theme of the program was, "The Doctor's Wife Looks at Mental Health."—Mrs. John W. Hash, Correspondent.

THE MYERS CLINIC
Philippi, West Virginia

Radiology: KARL J. MYERS, M. D.
Clinical Pathology: E. E. MYERS, M. D.
Surgery: HU C. MYERS, M. D.; A. KYLE BUSH, M. D.
Gynecology and Obstetrics: RAYMOND W. CRONLUND, M. D.
Internal Medicine: JOHN E. LENOX, M. D.; J. L. RITTMEYER, M. D.
Pediatrics: CORA C. LENOX, M. D.
Anatomic Pathology: S. D. WU, M. D.
Dentistry: GLENN B. POLING, D. D. S.
Resident Staff: CHARLES T. MEADOWS, M. D., Surgery; M. V. KALAYCIOGLU, M. D., Surgery; WALTER E. SCHLABACH, M. D., Surgery

BOOK REVIEWS

CARDIAC DIAGNOSIS—A Physiologic Approach—By Robert F. Rushmer, M. D., Associate Professor of Physiology and Biophysics, University of Washington Medical School. Pp. 447, with illustrations. Philadelphia and London: W. B. Saunders Company. 1955. Price $11.50.

The author presents a very comprehensive physiological approach to the diagnosis of cardiac disease including both normal and abnormal function. The book is divided into five major parts with several chapters in each.

Part I presents the anatomic, physical and functional aspects of the whole cardiovascular system covering in detail cardiac contraction, the work load of the individual ventricle, the circulatory adjustments made under various conditions, and the functional characteristics of the pulmonary vascular bed.

Part II explains how the peripheral vascular system and the heart are regulated and adjust to varying demands for greater or lesser amounts of blood. The arteriovenous oxygen differences in varying tissues are carefully explained. Cardiac output is determined by heart rate and stroke volume; both must be integrated by appropriate regulatory mechanisms. Chapter 6 is devoted to a discussion of these mechanisms under varying normal and abnormal conditions, while Chapter 7 covers the factors affecting distensibility and contractibility of the ventricles.

Part III analyzes congestive heart failure. Evidence of subnormal cardiac function is generally related to a depletion of various forms of cardiovascular reserve. These various forms which are considered separately are: the venous oxygen reserve, the maximum effective heart rate, the systole reserve volume, the diastole reserve volume, and the work of the heart. The pathological physiology of right and left heart failure are discussed. Detection of disease at its earliest possible moment so that adequate therapy may be instituted is the ultimate goal of clinical diagnosis.

Part IV is devoted to a consideration of various methods which can be used profitably to facilitate detection and interpretation of cardiac disease. Pressure measurements are discussed. Roentgenological and fluoroscopic interpretation of the heart is described. Cardiac output as determined by the Fick principle and the indicator dilution techniques is evaluated. An excellent chapter on normal and abnormal heart sounds and murmurs is included and then correlated to the electrocardiographic interpretation of abnormalities of rate, rhythm and conduction. Specialist training is not needed to gain information from electrocardiograms. Interpretations are explained in a fairly simplified manner, step by step, which will contribute much to the knowledge of the average physician or specialist.

The first four parts prepare the reader for a physiological understanding of Part V as it applies to spe-

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

cific diagnostic problems. Myocardial ischemia occurs whenever the coronary blood flow is insufficient in relation to the oxygen requirements of the myocardium.. Diseases causing ischemia are discussed. Myocarditis as a diagnosis is rarely used. It has become almost a synonym for acute rheumatic carditis. This disease is well explained as a compilation of all the recent literature except for the author's added physiological interpretation. Valvular disease and congenital malformations are discussed in the final chapters with good interpretation, but in somewhat less detail. The etiology of cyanosis is well explained.

This book is excellent as reference for all physicians from general practitioners to medical and surgical specialists. The answer to almost any question pertaining to the heart can be found in its contents. A physician who wishes to read the book as he would a medical article will find, however, that the first half will be quite difficult to digest and retain. Although presented in a skillful manner, it is still quite technical.—Morris H. O'Dell, M. D.

* * * *

HYPNOTIC SUGGESTION—Its Role in Psychoneurotic and Psychosomatic Disorders—By S. J. Van Pelt, M. B., B. S., President, British Society of Medical Hypnotists. Pp. 95. Philosophical Library, Inc., 15 E. 40th Street, New York 16, N. Y. 1956. Price $2.75.

Mr. Van Pelt's office address is Harley Street, London, W. I., but he is not a physician; he is the President of the British Society of Medical Hypnotists. In this

Foot-so-Port Shoe Construction and its Relation to Weight Distribution

- Insole extension and wedge at inner corner of heel where suppart is mast needed.
- Special Supreme rubber heels are langer than most anatamic heels and maintain the appearance of narmal shoes.
- The patented arch support construction is guaranteed nat ta break dawn.
- Innersales are guaranteed not to crack, curl, or collapse. Insulated by a special layer of Texon which alsa cushions firmly and uniformly.
- Foot-sa-Part lasts were designed and the shoe constructian engineered with orthapedic advice.
- NOW AVAILABLE! Men's conductive shoes. N.B.F.U. specifications. For surgeons and operating room personnel.
- By a special process, using plastic positive casts of feet, we make mare custom shaes for polio, club feet and all types of abnormal feet than any other manufacturer.

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service — W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

short thesis he presents his explanation of hypnosis and its role in the cause and cure of nervous diseases.

After a quick review of the historical background of hypnotism and psychotherapy, the author advances his original theory concerning the nature of the hypnotic state. Hypnosis is not sleep, nor is it a magic spell by which the hypnotist dominates the mind of his subject. Hypnosis is a "form of super-concentration of the mind, which is especially likely to occur as the result of emotion . . . This state of mind may be induced either deliberately or accidentally even in the absence of a recognized hypnotist."

Then, the author presents his original theory concerning the origin and therapy of the psychoneuroses: "*An emotional incident or idea (concentrates) the mind, producing a condition of hypnosis. Any idea or thought then introduced acts as a hypnotic suggestion. A psychoneurosis is, to all intents and purposes, the same in its structure as the behaviour and symptoms arising from a hypnotic or post-hypnotic suggestion.*" (The italics are Van Pelt's.)

Having explained psychoneuroses as manifestations of hypnotic suggestion, Mr. Van Pelt describes the three principles of his original method of therapy: "Relaxation, Realization, and Re-education."

First, the patient is placed under "light hypnosis"

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophtholmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
Generol Surgeon
Victor S. Skaff, M. D.

Plostic Surgeon
Clyde L. Litton, M. D.
Pediotrician
Mary V. Gallagher, M. D.
Medicol House Physicion
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otoloryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrotor
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

specify

Lederle

POLIOMYELITIS
IMMUNE GLOBULIN
(human)

For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New York

and is taught how to "relax". At the second therapy session, he is told that he will spontaneously remember the hypnotic incident which lies at the root of his nervous trouble. During the third interview, the patient describes the memory that has sprung into his mind since the second session. This is the stage of "Realization". "Re-education" is the complete removal of the original hypnotic suggestion that caused the neurosis.

Mr. Van Pelt reports the success of his method in treating twelve typical patients. These people, referred to him by physicians, were suffering from such varied complaints as anxiety, depression, alcoholism, asthma, migraine, and impotence. Most of the patients revealed the nature of the precipitating incident at the third hypnotic interview, and only the most difficult cases required more than six sessions for the total eradication of their trouble.

I do not find Van Pelt's thesis very convincing. He makes it all seem so simple and easy. Furthermore, he

89th Annual Meeting
WEST VIRGINIA STATE MEDICAL ASSOCIATION
The Greenbrier
Aug. 23-25, 1956

THE WHEELING CLINIC
EOFF AT 16th STREET
WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Chorleton, M. T.

Technologists:
Physiotherapy:
Winnie W. Wilson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

does not adequately emphasize the unblushing quackery of Franz Anton Mesmer, the inventor of "Animal Magnetism". The scientific evaluation of any form of therapy is, however, an exacting task. It is especially difficult to compare the merits of various methods used in psychotherapy. Workers who use the psychoanalytic method agree that many months of treatment are necessary for the cure of nervous diseases. If Mr. Van Pelt can achieve comparable results in six weeks by the use of hypnosis, he may have a vigorous answer to the ancient plea of Macbeth:

"Canst thou not minister to a mind diseased?
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weights upon the heart?"

—John Baskerville Hyde, Ph. D.

* * * *

THE RELIEF OF SYMPTOMS—By Walter Modell, M. D., F.A.C.P., Associate Professor of Clinical Pharmacology, Cornell University Medical College. Pp. 450. Philadelphia and London: W. B. Saunders Company. 1955. Price $8.00.

In reviewing this book I find that, to me, it is entirely new in its approach to the relief of symptoms. The author thinks that symptoms should first be relieved and then efforts made to establish a diagnosis. Few will question the motive in trying to give the patient relief, but there are many who will question the advisability of emphasing relief before diagnosis.

The book covers some twenty-odd complaints which, according to the author, includes well over 95 per cent

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

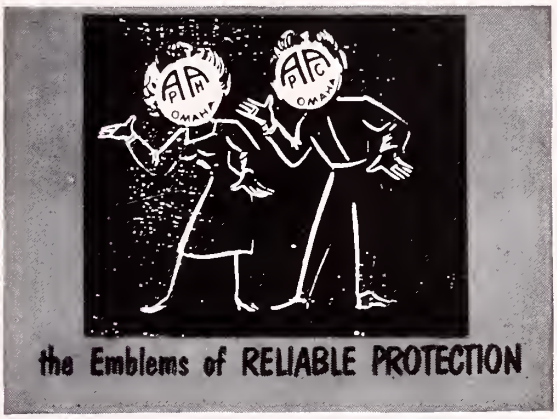
Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

WE CORDIALLY INVITE YOUR INQUIRY
for application for membership which affords protection against loss of income from accident and sickness (accidental death, too) as well as benefits for hospital expenses for you and all your eligible dependents.



SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS
SURGEONS
DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$22,500,000 PAID FOR BENEFITS

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

of those symptoms which bring patients to the doctor's office. The discussion on the various symptoms includes, in general, an outline of the clinical problem as to etiology, and then goes into the problem of the relief of this particular symptom.

I feel that this book should be in every hospital library and should be read by physicians of the various specialities as well as those in general practice, because it will give each one a different concept of an important part of medical practice, the relief of symptoms.—Charles T. Meadows, M. D.

SUBSTITUTION OF AMA PUBLICATION FOR JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Opthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

THE
Daniel Boone Hotel
CHARLESTON, W. VA.

Rates $4.00 Up

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO
COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

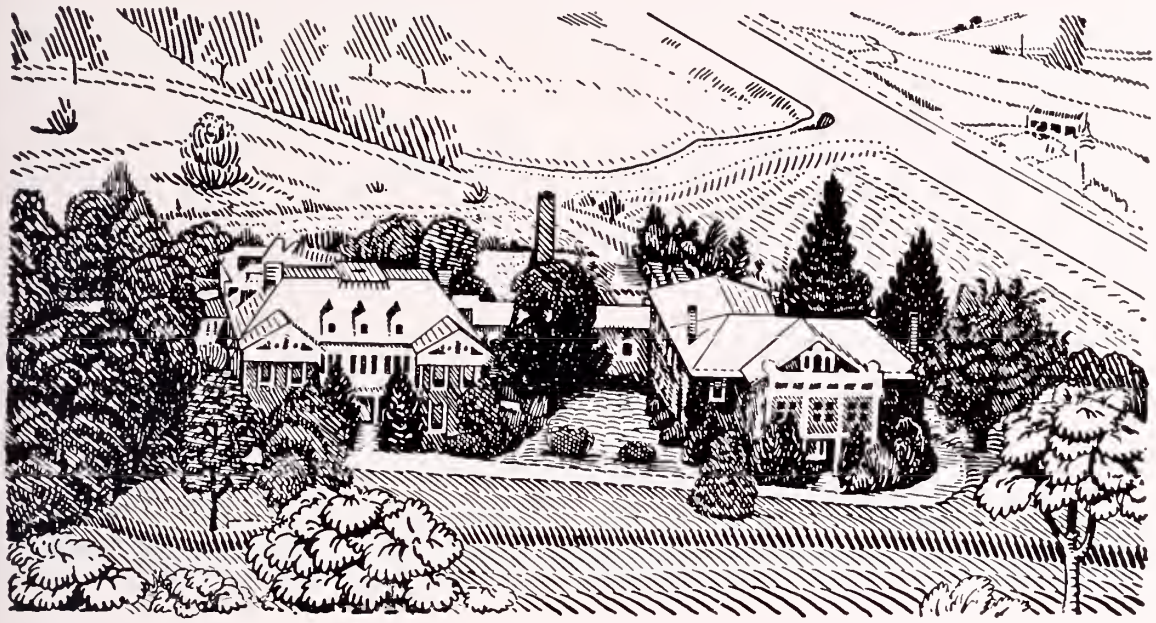
840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D.
Director

James K. Morrow, M. D. Thomas E. Painter, M. D. Daniel D. Chiles, M. D.
James L. Chitwood, M. D., Medical Consultant. Clara K. Dickinson, M. D.

Affiliated Clinic Offering Psychiatric and Psychological Evaluation and Therapy:

BLUEFIELD MENTAL HEALTH CENTER
1400 Bland Street
Bluefield, W. Va.
David M. Wayne, M. D., Director

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building Wheeling, W. Va.
By Appointment Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY — BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Fellow American Academy of Dermatology and Syphilology
Diplomate American Board of Dermatology and Syphilology
1109 Quarrier Street Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY — BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

Directory of Physicians in Limited Practice

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building Huntington, W. Va.
Phone: Office 8276

GEORGE P. HEFFNER, M. D., F. A. C. P.
INTERNAL MEDICINE—METABOLIC DISEASES
Diplomate of American Board of Internal Medicine
1115 Quarrier Street Charleston, W. Va.
Phone: Office 3-0751

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE — CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street Charleston, W. Va.
Phone 63-351

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 20-505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING CHARLESTON, W. VA
Phones: Office 3-6523, Residence 2-5339

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING CHARLESTON, W. VA
Phones: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING WHEELING, W. VA
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street Charleston, W. Va
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue Huntington, W. Va.
Phones: Off. 44303, Res. 24193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. Charleston, W. Va
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomates American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomates American Board of Radiology
Roentgen Diagnosis — Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown 1034 Quarrier St. — Kanawha City At Foot of Bridge

February Advertisers

	Page
Abbott	viii, ix
Ames Company, Inc.	*Inside Back Cover*
Ayerst Laboratories	xxxiii
Broaddus Hospital	xlii
Burroughs-Wellcome	iv
Charleston Engraving Company	xlv
Coca-Cola Co.	xvi
Daniel Boone Hotel	xlvi
Feick Brothers	xxxvi
Foot-So-Port Shoe Co.	xlii
Geigy Pharmaceuticals	xx
General Electric Co.	xxii
Harding Sanitarium	xxxvii
Keeley Institute	xliii
Kloman Instrument Company, Inc.	xxxvi
Knox Gelatine Co.	xxi
Lakeside Laboratories	xix
Lederle Laboratories	50, 51, xliv
Lilly, Eli and Company	*Front Cover*, xxx
Marmet Hospital	xliii
McMillen Sanitorium	xlvi
Mead Johnson & Company	*Back Cover*
Medical Arts Supply Co.	xxxiv
Myers Clinic	xl
National Drug Co.	vi
Parke, Davis & Company	ii, iii
Patton Adjustments	lii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc.	v, xxvii
Physicians Casualty Association	xlv
Physicians & Dentists Business Bureau	xxxviii
Riker Laboratories	xiii
St. Albans Sanitarium	xlvii
Sharp & Dohme, Inc.	xi, xvii, xxv
Schering	xiv, xv, xxxviii, xxix
Searle, G. D. & Company	xxxi
Squibb, E. R & Sons, Div. of Mathieson Chemical Corp.	xii
Upjohn	vii, xxxv
Viceroy Cigarettes	x
Westbrook Sanitorium	xxxix
Wheeling Clinic	xliv
White Cross Hospital	xlviii
Winthrop Laboratories, Inc.	xviii
Wocher's	xli
Wyeth, Inc.	xxiii

CONTENTS

The Anesthesiologist in the Medical-Surgical Team—By Curtiss B. Hickcox, M. D. and Ralph H. Tovell, M. D. 41

Balarsen: A New Oral Arsenical in the Treatment of Pustular Bacterid—By Beatrice H. Kuhn, M. D. 48

The Use and Abuse of Electrosurgery—By Hu C. Myers, M. D. 49

Communicable Diseases in Monongalia County, 1949-1954—By John William Lemley, M. D. 54

The President's Page 58

Editorials 59

General News 61

The Month in Washington xxxii

Obituaries xxxiii

County Societies xxxiv

Woman's Auxiliary xl

Book Reviews xli

today's health a must!

for your reception room

Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

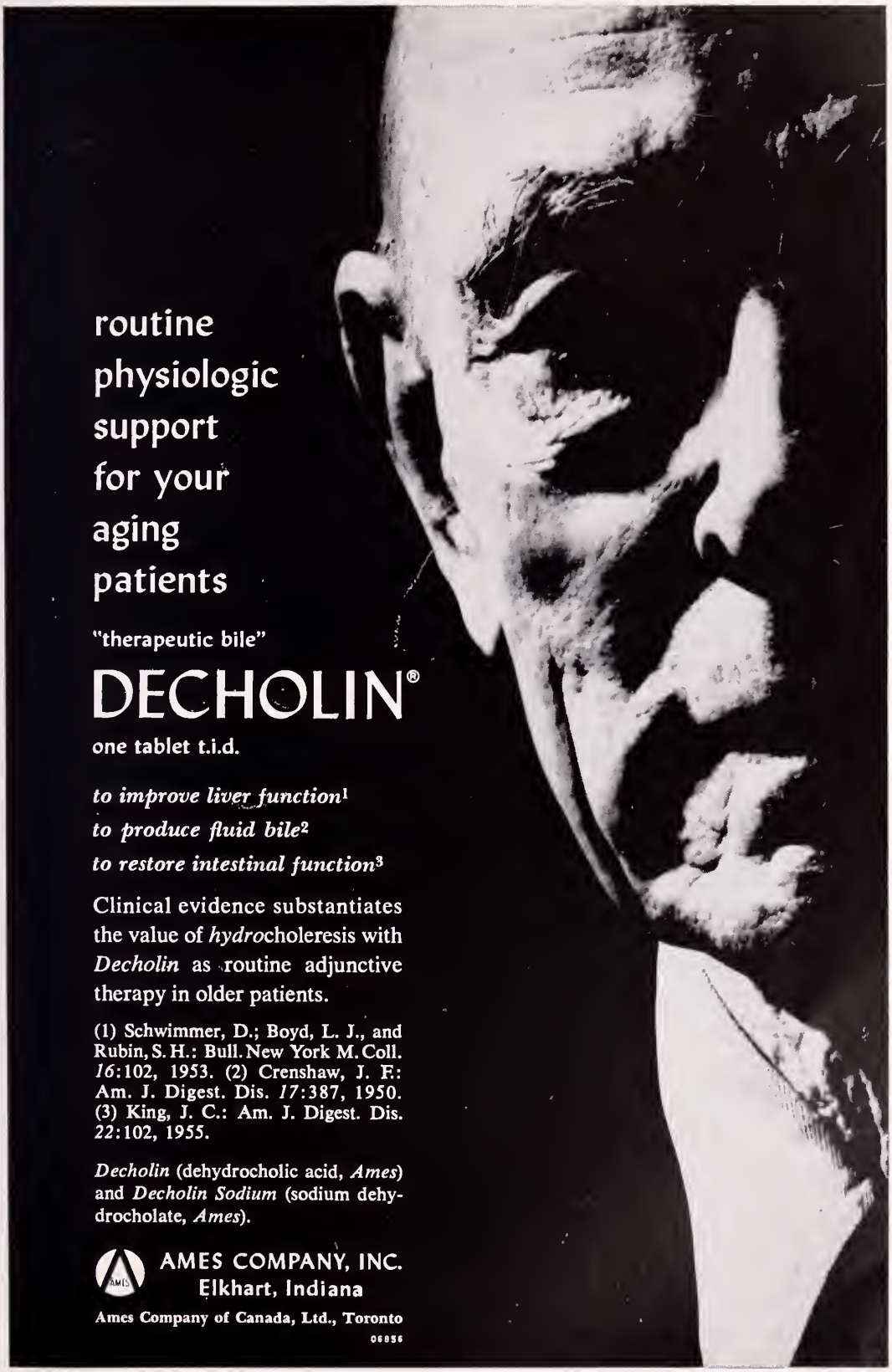
And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager CHARLESTON, WEST VIRGINIA TELEPHONE 27-158



routine
physiologic
support
for your
aging
patients

"therapeutic bile"

DECHOLIN®

one tablet t.i.d.

to improve liver function[1]
to produce fluid bile[2]
to restore intestinal function[3]

Clinical evidence substantiates the value of *hydro*choleresis with *Decholin* as routine adjunctive therapy in older patients.

(1) Schwimmer, D.; Boyd, L. J., and Rubin, S. H.: Bull. New York M. Coll. *16*:102, 1953. (2) Crenshaw, J. F.: Am. J. Digest. Dis. *17*:387, 1950. (3) King, J. C.: Am. J. Digest. Dis. *22*:102, 1955.

Decholin (dehydrocholic acid, *Ames*) and *Decholin Sodium* (sodium dehydrocholate, *Ames*).

AMES COMPANY, INC.
Elkhart, Indiana

Ames Company of Canada, Ltd., Toronto

06056

Sick patients

need food for therapy

Sustagen

Therapeutic Food for Complete Nourishment

THAT MAN MUST EAT to remain well is a concept as old as medicine. But only recently has it been established (1) that nutritional needs are increased in illness; (2) that food sufficient to meet these needs is well utilized, and (3) that therapeutic nutrition prevents many of the debilitating effects of disease and injury.

Unfortunately, because of the anorexia accompanying illness, effective nutritional therapy requires added care on the part of the physician. Food comes from familiar kitchens and lacks the impressive aura of more dramatic therapeutic agents. Thus it is often difficult to convince the patient that food, too, is therapeutic —that although drugs may arrest disease only food can repair the ravages of disease.

Whatever the nutritional problem—whether caused by anorexia, mechanical difficulty in eating or limitation of gastric capacity or tolerance—only an assured food intake will solve it. The use of Sustagen, a food formulated for therapeutic nourishment, will overcome many difficulties in the therapeutic feeding of sick patients. A foundation for therapy thus may be established.

The development of Sustagen exemplifies the continuous effort of Mead Johnson & Company to provide the medical profession with products basic to the management of illness and the restoration of health.

Sustagen® is the only single food which contains all known nutritional essentials: protein, carbohydrate, fat, vitamins and minerals. It may be given by mouth or tube as the only source of food or to fortify the diet in brief or prolonged illness.

Sustagen

repairs tissue
restores appetite
overcomes asthenia

in

cirrhosis
peptic ulcer
geriatrics
infections
trauma
chronic disease

MEAD SYMBOL OF SERVICE IN MEDICINE

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

CKS

ANNUAL MEETING, WHITE SULPHUR SPRINGS, AUG. 23-25, 19

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 3

MARCH, 1956

Single Copy, 50c
Per Year, $3.50

In This Issue . . .

EENT SYMPOSIUM
Part I—Otolaryngology
Part II—Ophthalmology

The Hospital Medical Director
By M. B. Williams, M. D.

COMPLETE CONTENTS ON PAGE IV
INDEX TO ADVERTISERS ON PAGE LIX

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

COLLEGE OF PHYSICIANS
LIBRARY
MAR 1 5 1956
OF PHILADELPHIA

Bronchitis generally responds within a few hours to

ILOTYCIN

(ERYTHROMYCIN, LILLY)

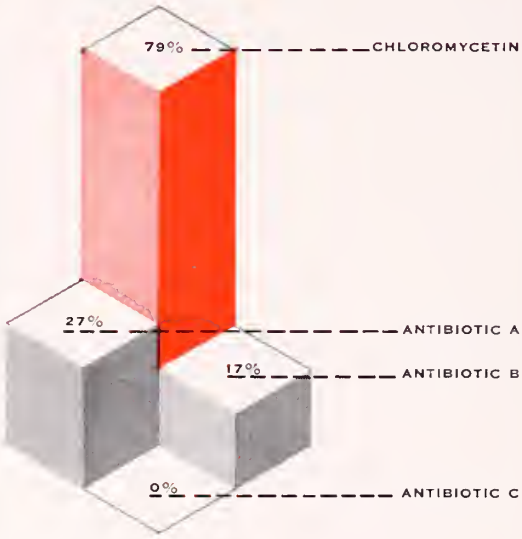
The common pathogens are rapidly destroyed; infection resolves and soreness diminishes. Notably safe and well tolerated.

dosage: 250 or 500 mg. q. 6 h. Children, 5 mg. per pound of body weight q. 6 h.

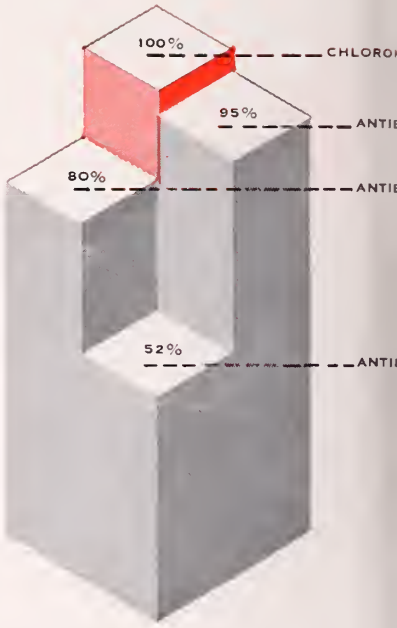
Lilly

532233

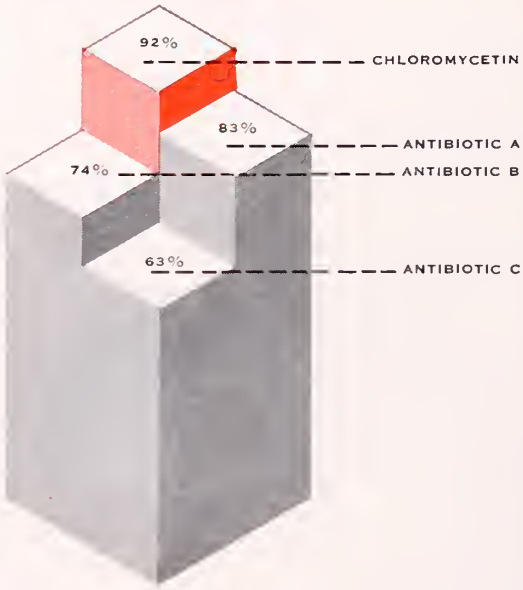
SENSITIVITY OF COMMON PATHOGENS TO CHLOROMYCETIN AND THREE OTHER MAJOR ANTIBIOTIC



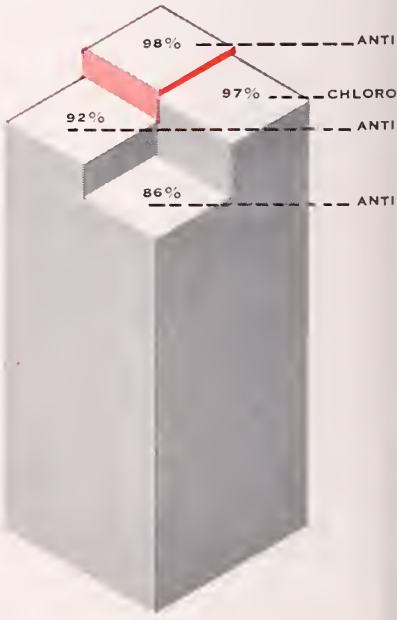
PROTEUS GROUP
(431-506 STRAINS)



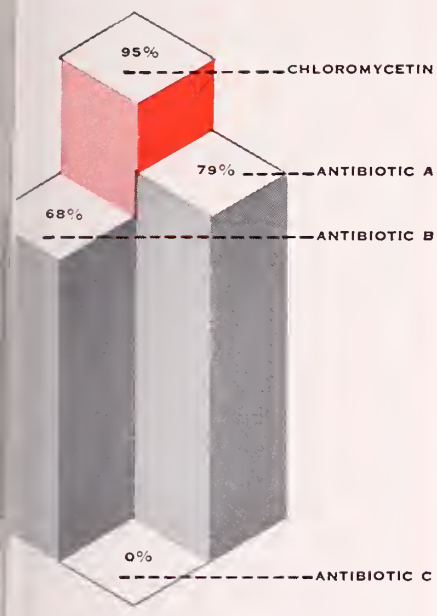
STREPTOCOCCUS VIRIDANS
(42-58 STRAINS)



NONHEMOLYTIC STREPTOCOCCUS
(109-141 STRAINS)



HEMOLYTIC STREPTOCOCCUS
(179-197 STRAINS)



AEROBACTER FECALIS
(14-21 STRAINS)

effective against more strains

Chloromycetin®

for today's problem pathogens

Resistant microorganisms frequently cause poor, delayed, or no response to antibiotic therapy. Because *in vitro* sensitivity tests are valuable guides in determining the antibiotic most likely to produce optimal clinical response, it is important that such tests be employed whenever possible. Recent clinical and laboratory studies[1-12] show that CHLOROMYCETIN (chloramphenicol, Parke-Davis) is effective against more strains of microorganisms than other commonly used antibiotics.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

references: (1) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (2) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (3) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (4) Austrian, R.: *New York J. Med.* 55:2475, 1955. (5) Murphy, F. D., & Waisbren, B. A., in Murphy, F. D.: Medical Emergencies: Diagnosis and Treatment, ed. 5, Philadelphia, F. A. Davis Company, 1955, P. 557. (6) Felshin, G.: *J. Am. M. Women's A.* 10:51, 1955. (7) Kass, E. H.: *Am. J. Med.* 18:764, 1955. (8) Tebrock, H. E., & Young, W. N.: *New York J. Med.* 55:1159, 1955. (9) Stein, M. H., & Gechman, E.: *New England J. Med.* 252:906, 1955. (10) Branch, A.; Starkey, D. H.; Rodgers, K. C., & Power, E. E., in Welch, H., & Marti-Ibáñez, F.: Antibiotics Annual, 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 1125. (11) Munroe, D. S., & Cockcroft, W. H.: *Canad. M. A. J.* 72:586, 1955. (12) Norris, J. C.: *M. Times* 83:253, 1955.

adapt-
meier,
Sher-
Elstun,
repre-
nd and
art of
d in a

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN

MARCH
1956

Vol. 52 No. 3

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR

Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER

Mr. Charles Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Von Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

Member 1956

CONTENTS

Scientific Articles

EENT SYMPOSIUM

Part I—Otolaryngology 67

Part II—Ophthalmology 71

The Hospital Medical Director—M. B. Williams, M. D. 76

The President's Page

Guest Author—Logan W. Hovis, M. D., President, West Virginia Chapter of the American Academy of General Practice 84

Editorials

AMA Public Opinion Survey 85

150 Years of Service 85

Compulsion Condemned 86

Medical Education Week 86

A New Look at Public Relations 86

Harry Greene Camper, M. D. 87

General News

Past Presidents Awarded Plaques 88

SAMA Chapter at WVU School of Medicine 89

Legislature Meets at Lakin 93

Interprofessional Code Committee 96

New Member of Council 96

Special Departments

The Month in Washington xxxvi

Obituaries xxxviii

County Societies xl

The Woman's Auxiliary xlvi

Book Reviews liv

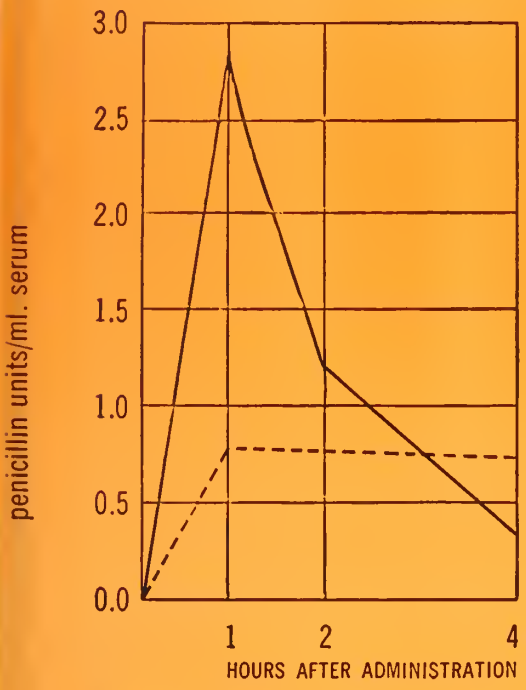
Directory of Physicians in Limited Practice lvii

Index to Advertisers lix

ORAL PENICILLIN

WITH *INJECTION* PERFORMANCE

Now! A 500,000-unit tablet for higher, faster blood levels than from injected procaine penicillin



——— PEN·VEE·*Oral*, 500,000 units, one tablet, 19 subjects[1]

- - - - Procaine Penicillin G, 600,000 units, one injection, 10 subjects[2]

Supplied: PEN·VEE·*Oral* Tablets, 500,000 units, scored, bottles of 12; 200,000 units, scored, bottles of 36. Also available: BICILLIN®·VEE Tablets, 100,000 units of benzathine penicillin G and 100,000 units of penicillin V, bottles of 36.

1. Wright, W.W.: Personal communication.
2. Price, A.H.: Personal communication.

PEN·VEE·*Oral**

Penicillin V, Crystalline (Phenoxymethyl Penicillin)

Wyeth®

Philadelphia 1, Pa.

*Trademark

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

15¢ Bottle of 24 tablets (2½ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION

of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.

Throughout the world...

use in millions of cases

and reports by thousands

of physicians have built

confidence in TERRAMYCIN®

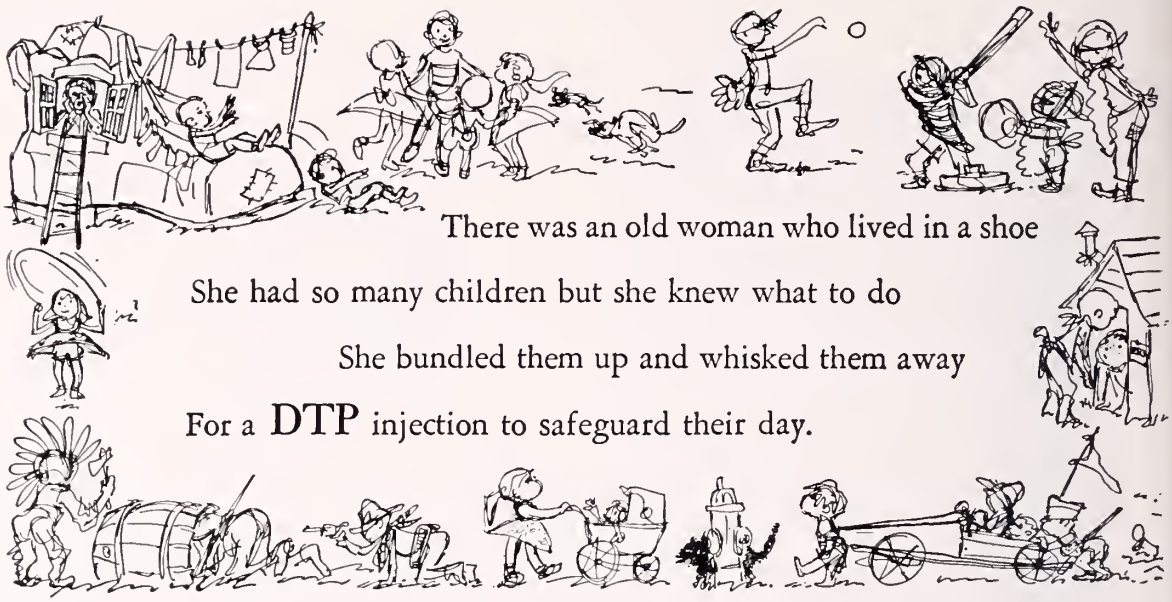
BRAND OF OXYTETRACYCLINE

...well-tolerated,
rapidly effective
broad-spectrum
antibiotic of choice.

Capsules, tablets,
taste-tempting liquid
forms and special
preparations for
parenteral, topical
and ophthalmic use.

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.



- **One complete immunization**
- **99% of nonspecific protein removed**

DTP DIPHTHERIA

AND TETANUS TOXOIDS AND PERTUSSIS VACCINE COMBINED. Alum Precipitated or Plain.

- **Meets most rigid specifications**
- **Freedom from tissue irritation**
- **Maximum antigenicity with minimum of untoward reactions**

Additional products in The National Drug Company's most complete line of biologicals.

TETANUS ANTITOXIN
INFLUENZA VIRUS VACCINE, POLYVALENT
SMALLPOX VACCINE
GAS GANGRENE ANTITOXIN, TRIVALENT
TETANUS-GAS GANGRENE ANTITOXIN, POLYVALENT

☆ LEADING PRODUCERS OF BIOLOGICALS ☆

Tetanus Toxoid, Alum Precipitated or Plain. Diphtheria Antitoxin. Diphtheria Toxin for Schick Test. Diphtheria Toxoid, Alum Precipitated or Plain. Diphtheria and Tetanus Toxoids, Alum Precipitated. Pertussis Vaccine, Alum Precipitated or Plain. Rabies Vaccine. Rhus Tox Antigen. Typhoid Vaccine. Typhoid-Paratyphoid Vaccine. Catarrhalis Combined Vaccine for prophylaxis and treatment of the bacterial complications of the common cold. Staphylococcus-Toxoid-Vaccine Vatox. Strepto-Combined Vaccine. Strepto-Staphylo Vatox. Yellow Fever Vaccine.

Established for Highest Quality

Careful selection and processing of all ingredients under supervision of leading bacteriologists guarantees uniformly high potency, purity and efficacy of each product. Minimum of untoward reactions.

Complete directions, including dosage, route and technique of administration, precautions and contraindications if any, are given in the individual package inserts which accompany each product.

A supply of records of immunizations and tests are available to physicians on request.

PRODUCTS OF ORIGINAL RESEARCH

NATIONAL NATIONAL NATIONAL NATIONAL NATIONAL NATIONAL

THE NATIONAL DRUG COMPANY PHILADELPHIA 44, PA

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

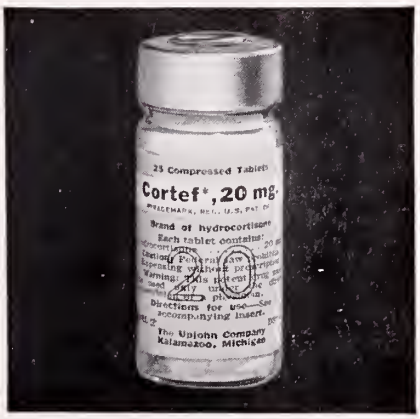
Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan



Erythromycin in treatment of pyoderma

8/12/55

DISCHARGE SUMMARY

Patient, white female, age 39, entered hospital with a diagnosis of lymphoma, proved to be lymphosarcoma by biopsy.

Initially she was treated by X-ray radiation, adrenal cortical hormone and an antinauseant. During this regimen she developed a generalized rash which became infected. This was a drug reaction with infection due either to (1) scratching or (2) a low WBC count due to radiation. A number of boil-like lesions appeared over the body.

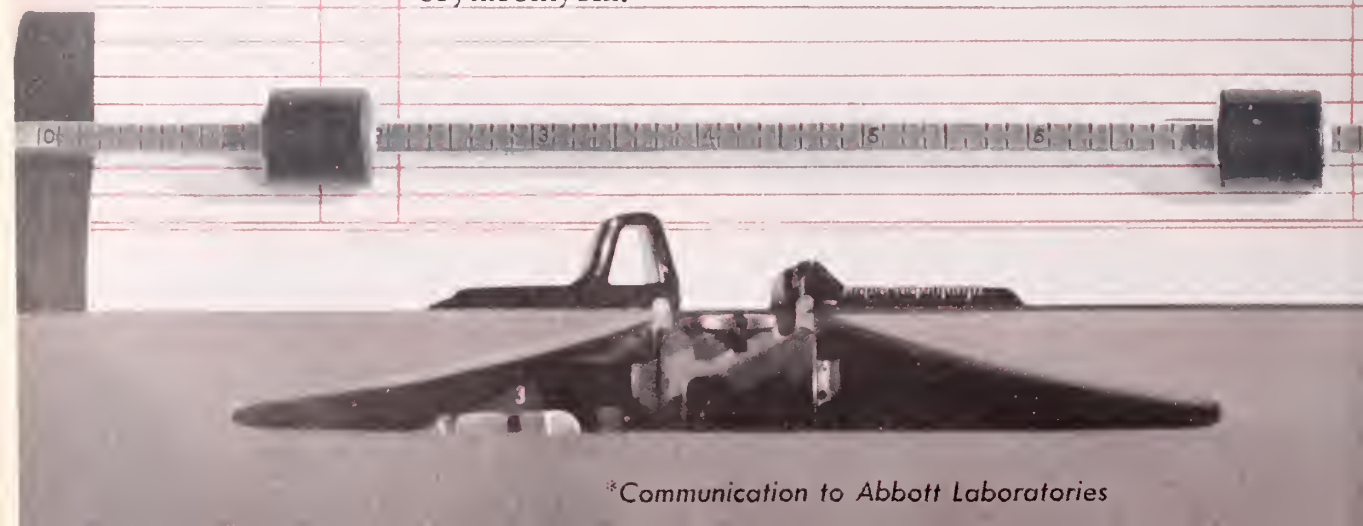
On 8/4 penicillin was started in a dosage of 600,000 units daily. Penicillin was continued for six days during which time the pyoderma became worse.

Aspirated material from the lesions yielded hem. S. aureus, coag. + and the following sensitivities were obtained: penicillin, more than 10 units; erythromycin, 10 mcg.; tetracycline, 50 mcg. When these results became available penicillin was discontinued.

On 8/9, erythromycin was started in a dosage of 200 mgm. q.i.d. Marked improvement was noted very soon and by 8/12 almost complete healing of all lesions had occurred. Patient was afebrile throughout.

Final Diagnosis: (1) lymphosarcoma (2) secondary pyoderma due to hemolytic Staphylococcus aureus.

Result: complete healing of secondary pyoderma with erythromycin.



*Communication to Abbott Laboratories

pecific against
occic infections

Now, you can prescribe an antibiotic (*Filmtab* ERYTHROCIN) that provides *specific therapy* against staph-, strep- or pneumococci. Since these organisms cause most bacterial respiratory infections (and since they are the very organisms most sensitive to ERYTHROCIN) doesn't it make good sense to prescribe ERYTHROCIN when the infection is coccic?

filmtab

Erythrocin®
(Erythromycin, Abbott)
STEARATE

with little risk of
serious side effects

Since ERYTHROCIN is inactive against gram-negative organisms, it is less likely to alter intestinal flora—with an accompanying low incidence of side effects. Also, your patients seldom get the allergic reactions sometimes seen with penicillin. Or loss of accessory vitamins during ERYTHROCIN therapy. *Filmtab* ERYTHROCIN (100 and 250 mg.), bottles of 25 and 100.

Abbott

filmtab®

Erythrocin®
(Erythromycin, Abbott)
STEARATE

*Filmtab—Film sealed tablets; patent applied for.

What makes Viceroy different from other filter cigarettes?

The VICEROY filter tip contains 20,000 tiny filters made exclusively from pure cellulose . . . soft, snow-white, natural. This is twice as many filters as the other two largest-selling filter brands.

That is why VICEROY gives you such a fresh, clean taste—that real tobacco taste you miss in other filter brands. No wonder so many doctors now smoke and recommend King-Size VICEROYS.

If it's Viceroy you can tell the difference blindfolded!

King-Size Filter Tip **VICEROY**

HydroCortone® -T B A

(HYDROCORTISONE TERTIARY-BUTYLACETATE, MERCK)

gives the arthritic patient more days of freedom from joint symptoms—in many patients the anti-rheumatic effect persists 2 to 10 times longer than after injection of hydrocortisone acetate. Its action is local and without systemic effect.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

SUPPLIED: SALINE SUSPENSION HYDROCORTONE-TBA—25 MG./CC., VIALS OF 5 CC.

Meat...

and the Value of Fat in Nutrition

Authorities in the field of nutrition no longer consider fat as an optional component of the diet. Evidence from the laboratory and bedside indicates that fat in small amounts may be looked upon as an obligatory constituent of a health-promoting diet.[1]

The far-reaching value of fat in nutrition has been amply demonstrated in laboratory animals in its pronounced effect on growth, on pregnancy and lactation, on nitrogen-sparing action, on work capacity, on time of sexual maturity, on the period of survival during fasting, and on ability to combat external stresses.[1]

Young animals fed a fat-free diet not only fail to grow normally, but develop hair and skin changes characteristic of "essential" fatty acid deficiency.[2] Fatty acids other than the "essential" fatty acids also appear to be necessary for optimal health. Animals fed "essential" fatty acids but no others do not grow optimally.

The value of fat in human nutrition was emphasized in a recent study[2] comprising 200 patients incapable of receiving adequate nourishment. For periods of 1 to 30 days, these patients were given supplementary fat alimentation by vein in the form of fat emulsion containing "essential" as well as other fatty acids. The result was typically a marked increase in weight and more positive nitrogen and potassium balances.

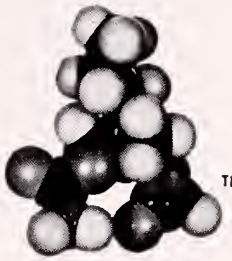
Meat, recognized for its high content of biologically valuable protein, B vitamins, and essential minerals, provides, in addition, substantial amounts of nutritionally important fat.

1. Deuel, H. J., Jr.: Newer Concepts of the Role of Fats and of the Essential Fatty Acids in the Diet, Food Res. *20*:81 (Jan.-Feb.) 1955.

2. Meng, H. C.: Preparation, Utilization, and Importance of Neutral Fat Emulsion in Intravenous Alimentation, in Najjar, V. A.: Fat Metabolism, Baltimore, The Johns Hopkins Press, 1954, pp. 69-92.

The nutritional statements in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago . . . Members Throughout the United States



THE MILTOWN MOLECULE

Two articles in the April 30th issue of The Journal of the AMA[1,2] report on . . .

an entirely new type of tranquilizer with muscle relaxant action—orally effective in

ANXIETY, TENSION and MENTAL STRESS

- no autonomic side effects—well tolerated
- selectively affects the thalamus
- not related to reserpine or other tranquilizers
- not habit forming, effective within 30 minutes for a period of 6 hours
- supplied in 400 mg. tablets. Usual dose: 1 or 2 tablets—3 times a day

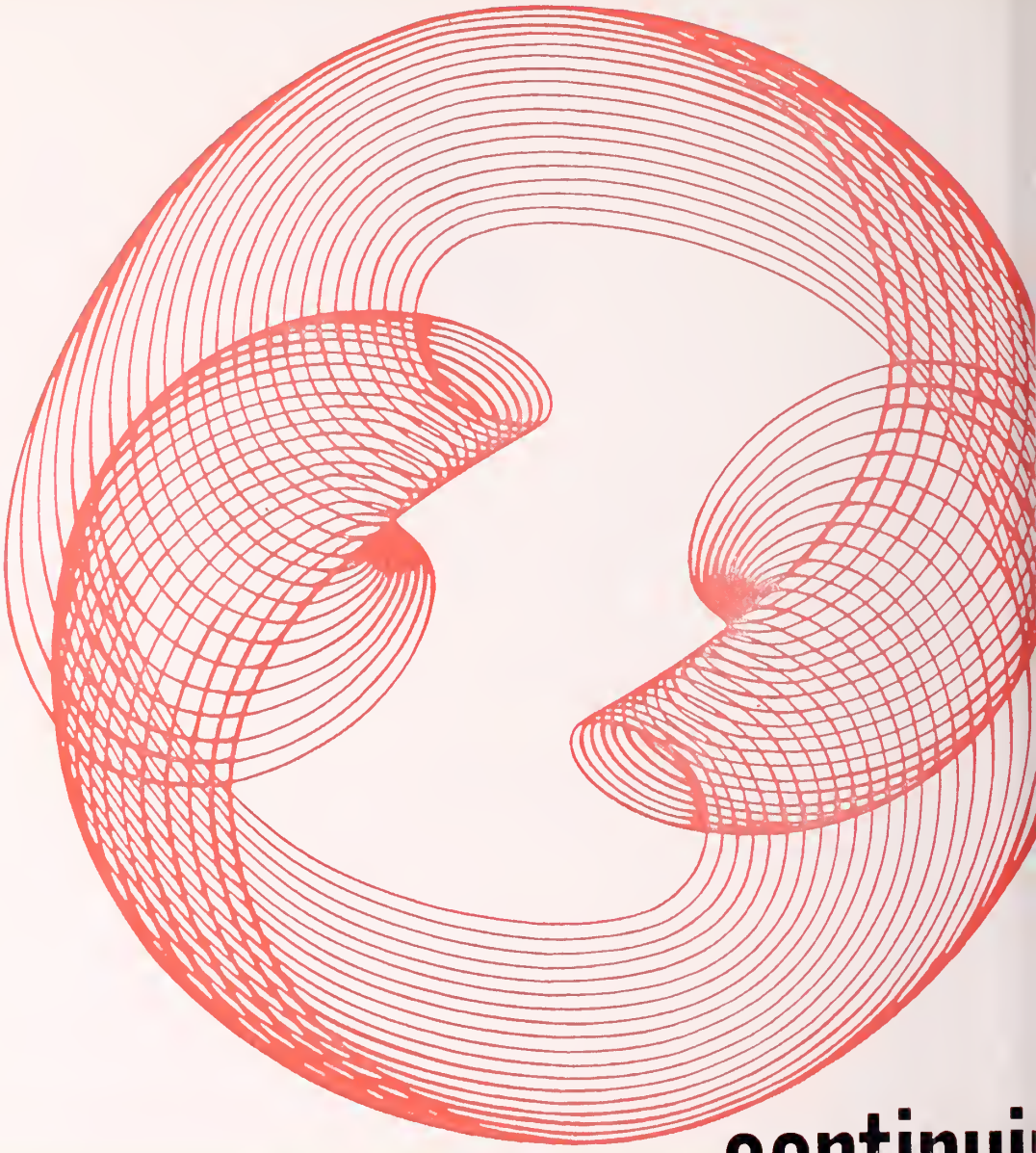
1. Selling, L. S.: J.A.M.A. **157**: 1594, 1955. 2. Borrus, J. C.: J.A.M.A. **157**: 1596, 1955.

Miltown®

the original meprobamate—2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U. S. Patent 2,724,720

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

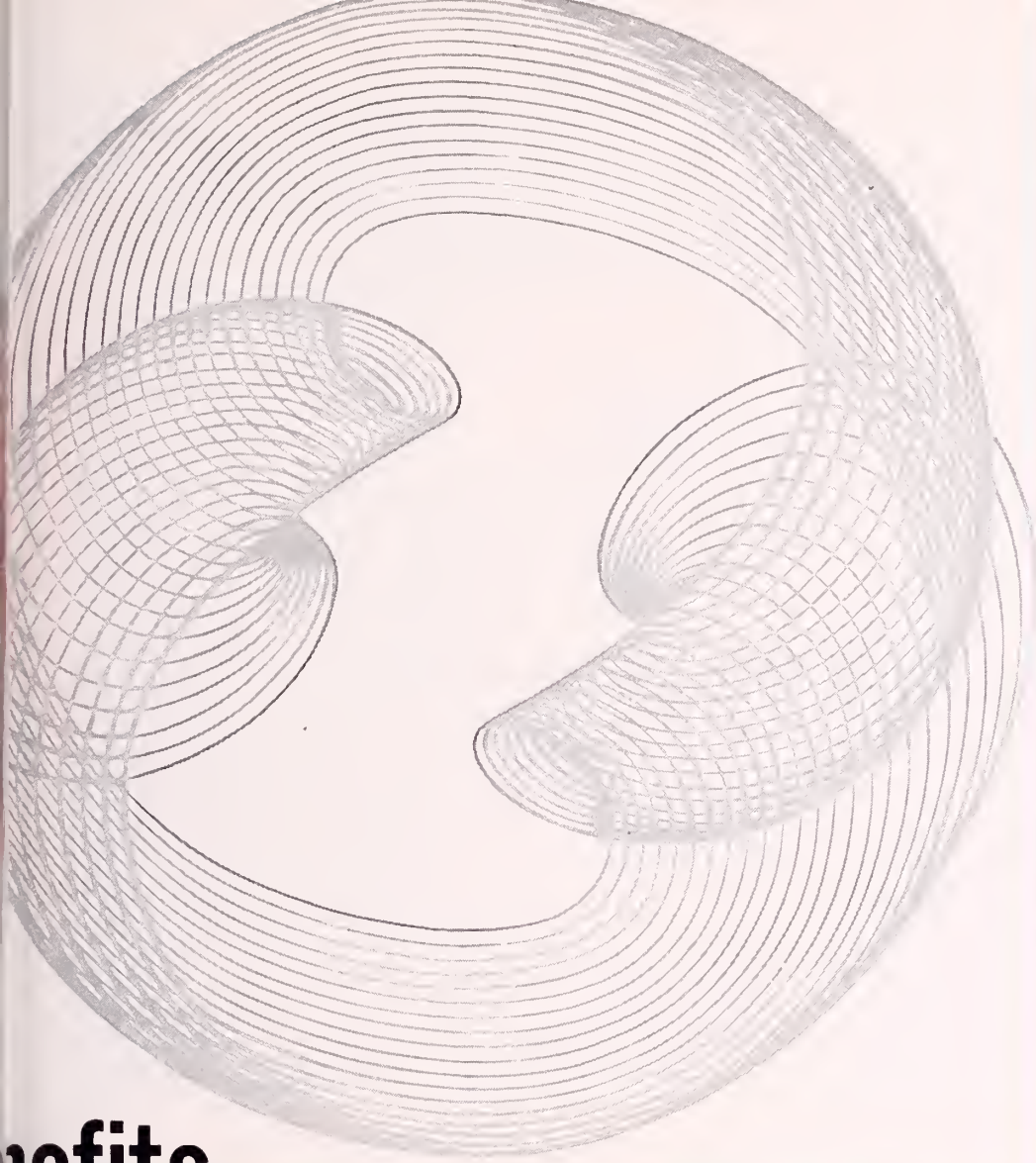
Literature and Samples Available On Request



continui

in corticosteroid ther

for rheumatoid arthritis · intractable asthm
respiratory allergies · collagen diseases
allergic and inflammatory eye and skin disorde



nefits

icant reduction in electrolyte side effects

ETICORTELONE®

ONE)

Schering

5 times as potent as hydrocortisone

inimized · regimen simplified · more liberal diet permitted

ONE is supplied as buff-colored tablets of 1, 2.5 and 5 mg., and in capsules of 2.5 and 5 mg.

ONE,® brand of prednisolone.

ML-J-614-356

for a spastic GUT

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

OFFICERS OF COUNTY AUXILIARIES

Society	President		Correspondent	
Borbour-Randolph-Tucker	Mrs. Herman Seltz	Elkins	Mrs. Herman Seltz	Elkin
Boone	Mrs. John M. Scott	Modison	Mrs. Wyson Curry	Madiso
Cobell	Mrs. C. Stofford Clay	Huntington	Mrs. Lee F. Dobbs	Huntingto
Centrol West Virginio	Mrs. George T. Hoylmon	Gossaway	Mrs. Horold D. Almond	Buckhonno
Eostern Panhandle	Mrs. John H. Kilmer	Mortinsburg	Mrs. J. Corlton Godlove	Mortinsbur
Foyette	Mrs. R. R. Boone, Jr.	Chorlton Heights	Mrs. T. K. Loird	Kanowho Foll
Greenbrier Volley	Mrs. E. J. Morhous	White Sulphur Springs	Mrs. W. E. Lemon	White Sulphur Spring
Honcock	Mrs. Roy Greco	Weirton	Dr. Laura Mesoros	Weirto
Horrison	Mrs. Joseph Gilmon	Clorksburg	Mrs. Creed C. Greer	Clorksbur
Konowho	Mrs. John T. Jarrett	Chorleston	Mrs. George Miyokowo	Chorlesto
Logon	Mrs. E. R. Chillag	Holden	Mrs. C. L. Lesoco	Logar
Morion	Mrs. Carter F. Cort	Foirmont	Mrs. Robert J. Sidow	Foirmon
McDowell	Mrs. Otis E. Linkous, Jr.	Welch	Mrs. Roy Burger	Welc
Mercer	Mrs. V. L. Kelly	Bluefield	Mrs. George E. Snider	Bluefiel
Mingo	Mrs. A. H. Henderson	Williomson	Mrs. W. M. Scott	Williomso
Monongolio	Mrs. R. J. Nottingham	Morgantown	Mrs. John F. Stecker	Morgontow
Ohio	Mrs. George R. Clarke	Wheeling	Mrs. George Armbrecht	Wheelin
Potomoc Volley	Mrs. M. F. Townsend	Petersburg	Mrs. Lyle Veoch	Petersbur
Preston	Mrs. C. Y. Moser	Kingwood	Mrs. C. Y. Moser	Kingwoo
Roleigh	Mrs. G. C. Hedrick, Jr.	Beckley	Mrs. J. W. Banks	Beckle
Summers	Mrs. A. W. Holmes	Hinton	Mrs. A. W. Holmes	Hinto
Toylor	Mrs. T. W. Heironimus, Jr.	Grafton	Mrs. Chorles A. Hoislip	Grofto
Wood	Mrs. Thomos L. Horris	Porkersburg	Mrs. Edword Shupolo	Vienn
Wyoming	Mrs. George F. Fordhom	Mullens	Mrs. George F. Fordhom	Mullen

More physicians have successfully treated more patients for more indications over a longer period of time with tablets of

Cortone®
ACETATE
(CORTISONE ACETATE, MERCK)

HydroCortone®
(HYDROCORTISONE, MERCK)

than with any other adrenal cortical steroid.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

the only broad spectrum antibiotic preparation that...

1 provides the antimicrobial activity of tetracycline

Because it contains Steclin (Squibb Tetracycline), the well tolerated broad spectrum antibiotic, MYSTECLIN is an effective therapeutic agent for many common infections. Most pathogenic bacteria, as well as certain large viruses, certain Rickettsiae, and certain protozoans, are susceptible to Mysteclin.

2 protects the patient against monilial superinfection

Because it contains Mycostatin (Squibb Nystatin), the first safe antifungal antibiotic, MYSTECLIN acts to prevent monilial overgrowth frequently observed during broad spectrum antibiotic therapy. Manifestations of this overgrowth may include some of the diarrhea and anal pruritus associated with antibiotic therapy, as well as vaginal moniliasis and thrush. On occasion, serious and even fatal infections caused by monilia may occur.

Mysteclin

STECLIN-MYCOSTATIN
(Squibb Tetracycline-Nystatin)

Each MYSTECLIN Capsule contains 250 mg. Steclin (Squibb Tetracycline) Hydrochloride and 250,000 units Mycostatin (Squibb Nystatin).

Minimum adult dose: 1 capsule q.i.d. *Supply:* Bottles of 12 and 100.

SQUIBB

"MYSTECLIN", "STECLIN" AND "MYCOSTATIN"® ARE SQUIBB TRADEMARKS

when the
patient
really needs a
diuretic—

HE NEEDS AN ORGANOMERCURIAL

In those patients with borderline or very mild congestive heart failure who can even get along without diuretic therapy, any agent producing minimal or intermittent diuresis may appear to produce benefit.

But when cardiac decompensation—mild, moderate, or severe—is established, dependable and continuously effective diuresis—obtainable only with potent oral organomercurials—is a therapeutic necessity.

TABLET

NEOHYDRIN®

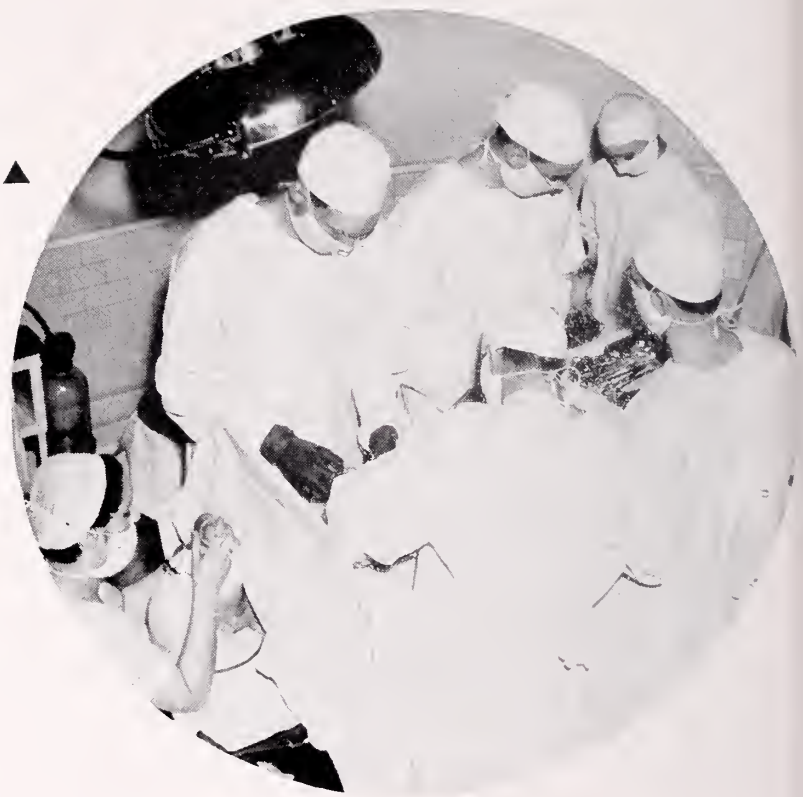
BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

LAKESIDE

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

99456



Specializing

in your patients' HOSPITAL, SURGICAL and MEDICAL insurance problems makes the local AMERICAN HEALTH AGENT a valued "Doctor's Aide."

Complete Local Service In Your State

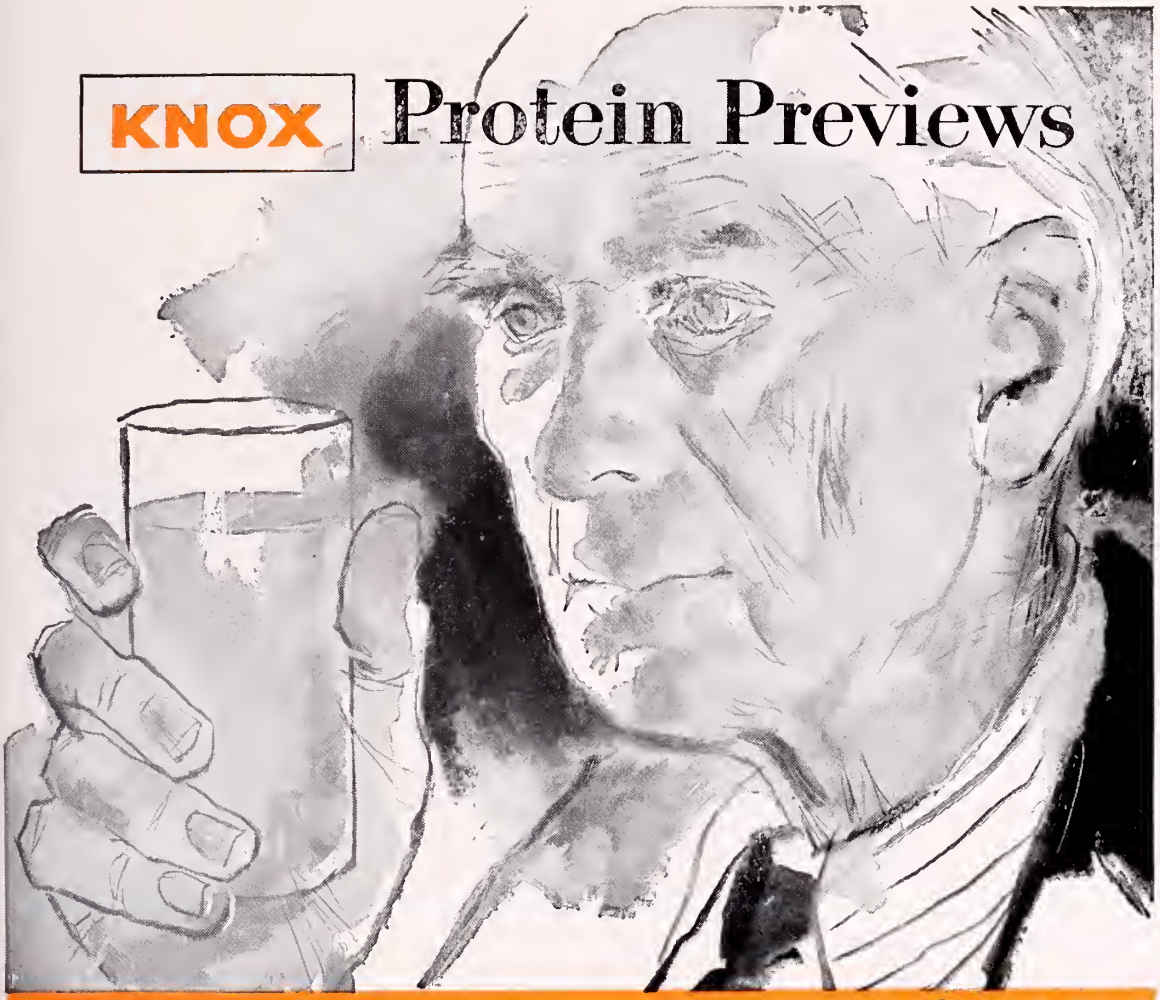
Because he is a specialist who focuses his attention on Health Insurance, the local American Health Agent has won a position of friendship and trust.

As a career agent in his chosen field, it is his purpose to serve both Doctor and patient as a true "friend in need" at all times, with prompt settlements, efficient service, and a sympathetic understanding of the problems of the medical profession.

American Health
INSURANCE CORPORATION

FIRST NATIONAL BANK BUILDING, BALTIMORE 2, MD.

KNOX Protein Previews



Maintaining Lean Body Mass in the Edentulous Geriatric Patient

Extensive loss of body protein can occur in either the spare or obese geriatric patient. But whatever the patient's somatotype, a decrease in lean body mass is usually the result of inadequate protein intake due to poor dentition, slowed-down digestion and quite frequently, unappetizing main dishes.

Knox Gelatine is an excellent non-residue protein which is easy to chew and readily digested and assimilated. As a vehicle for many foods, Knox Gelatine brightens bland diets, giving a new interest to jaded appetites. As a concentrated protein drink, Knox Gelatine supplies seven out of eight essential amino acids and a majority of the other amino acids composing protein.

Specific suggestions on how to use Knox Gelatine in different types of geriatric diets are described in the booklets listed in the coupon below.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Department SJ-15
Johnstown, N. Y.

Indicate number of special diet booklets desired for your patients opposite title:

GERIATRIC_____ REDUCING_____

DIABETIC_____ CONVALESCENT_____

YOUR NAME AND ADDRESS

FOR HYPERTENSION

Synergistic Therapy with New

THEOMINAL® R.S.

Now you can give your hypertension patients the compound therapeutic advantages of two successful hypotensive agents: Theominal (theobromine with Luminal®) and purified Rauwolfia serpentina alkaloids.

THEOMINAL R. S. *gives*
Better Control of Cardiovascular and Subjective Symptoms

Theominal R. S. offers both the vasodilator and myocardial stimulant actions of theobromine with Luminal and the moderate central hypotensive effect of Rauwolfia serpentina. Gentle sedation calms the patient and a feeling of "relaxed well-being" is established. With Theominal R. S. the therapeutic potency of each of the components is enhanced and the chance of a patient's sensitivity to any one drug is lessened.

Each Theominal R. S. tablet contains:

Theobromine	0.32 Gm. (5 grains)
Luminal	10 mg. (⅙ grain)
Purified extract of Rauwolfia serpentina alkaloids	**1.5 mg.**

DOSE: 1 tablet two or three times daily.

SUPPLIED: bottles of 100 and 500 tablets.

Winthrop LABORATORIES
NEW YORK 18, N. Y. WINDSOR, ONT.

THEOMINAL AND LUMINAL (BRAND OF PHENOBARBITAL), TRADEMARKS REG. U. S. PAT. OFF.

You can specify

PABLUM®

with confidence!

As a physician, you appreciate the strictness of pharmaceutical standards. Pablum Cereals are the only baby cereals made by nutritional and pharmaceutical *specialists*. That's why you can specify Pablum Cereals with *confidence*.

All four Pablum varieties are especially enriched with iron in its most assimilable form. And all are enriched with thiamine, riboflavin, calcium, phosphorus and copper.

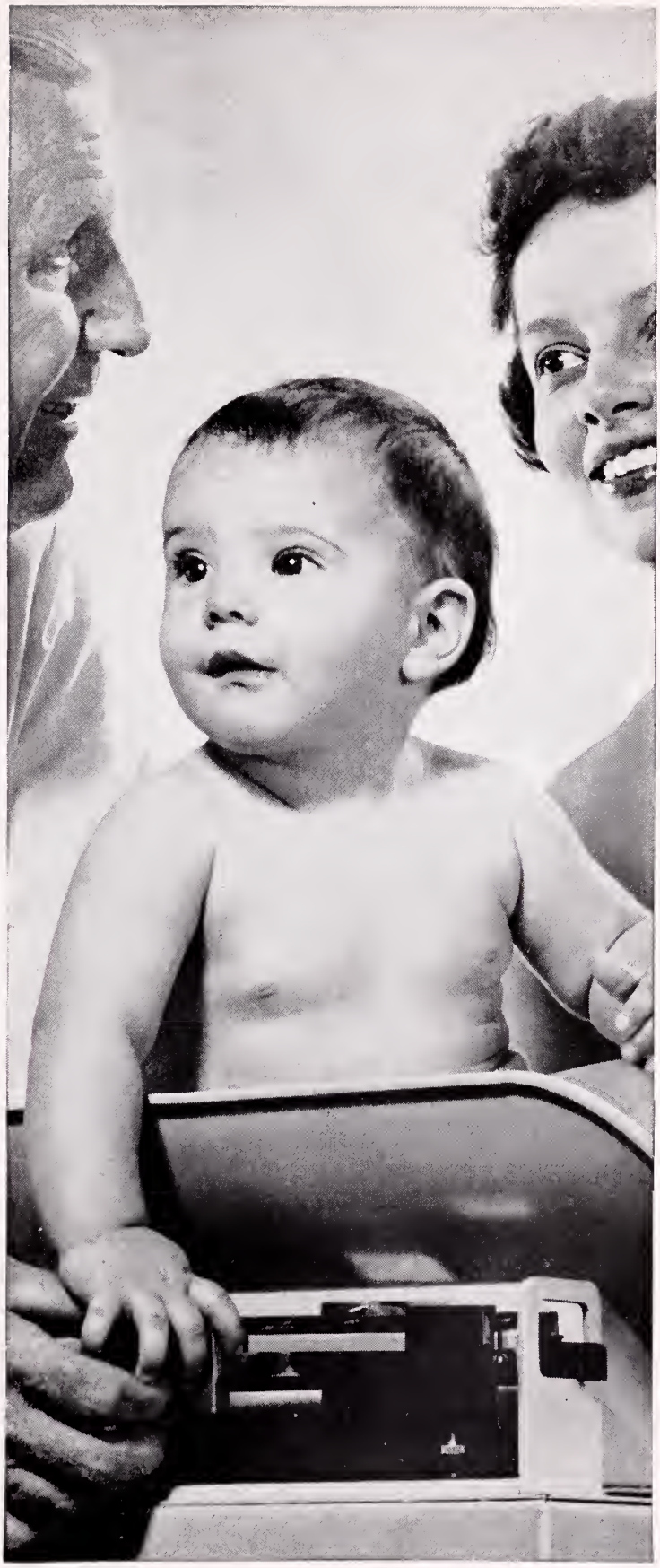
To be sure infants *enjoy* Pablum Cereals, our scientists work tirelessly to make them wonderfully smooth in texture, delightfully delicate in flavor. For your young patients, suggest:

Pablum Mixed Cereal
Pablum Barley Cereal
Pablum Rice Cereal
Pablum Oatmeal

Pablum Products

DIVISION OF MEAD JOHNSON & CO., EVANSVILLE, INDIANA

MANUFACTURERS OF NUTRITIONAL AND PHARMACEUTICAL PRODUCTS.



introducing...

the latest addition to **AMA's** parade of **PR** aids

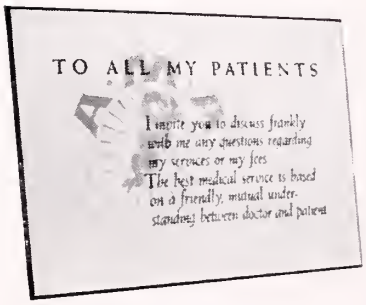
sure to make a hit with your patients by providing written answers to many questions about their medical care.

AMA now offers you its newest publication designed as a PR adjunct to your medical practice. TO ALL MY PATIENTS is just one of several public relations pieces recently developed by AMA to help you and your patients achieve that mutual understanding so important to a successful doctor-patient relationship. This attractive 12-page pamphlet—which was mailed to all AMA members—briefly describes the responsibilities of various persons on the medical team . . . discusses medical and hospital fees and health insurance . . . and encourages a friendly discussion of medical services and fees.

TO ALL MY PATIENTS begins: "I appreciate the confidence you have expressed in me by selecting me as your physician. I sincerely hope that I can give you and your family the kind of medical service you desire. . ."

TO ALL MY PATIENTS concludes: "It is difficult for a physician briefly to explain every service necessary in providing good care because each case is different. I sincerely hope this leaflet will give you a better understanding of some of the services you may require. . ."

For that added personal touch, space has been provided on the back cover for you to imprint or stamp your name. Quantities of TO ALL MY PATIENTS may be secured free of charge from the American Medical Association by sending in the coupon below.



a companion PR aid

TO ALL MY PATIENTS plaque for display in the office or reception room . . . encourages patients to ask questions about medical services or fees . . . available from AMA for one dollar postpaid. Send in the coupon today!

another A·M·A membership service

ORDER NOW

Public Relations Department
AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street • Chicago 10, Illinois

Send me_____TO ALL MY PATIENTS pamphlets

Also send_____office plaques at $1.00 each

NAME_____
(*please print*)

ADDRESS_____

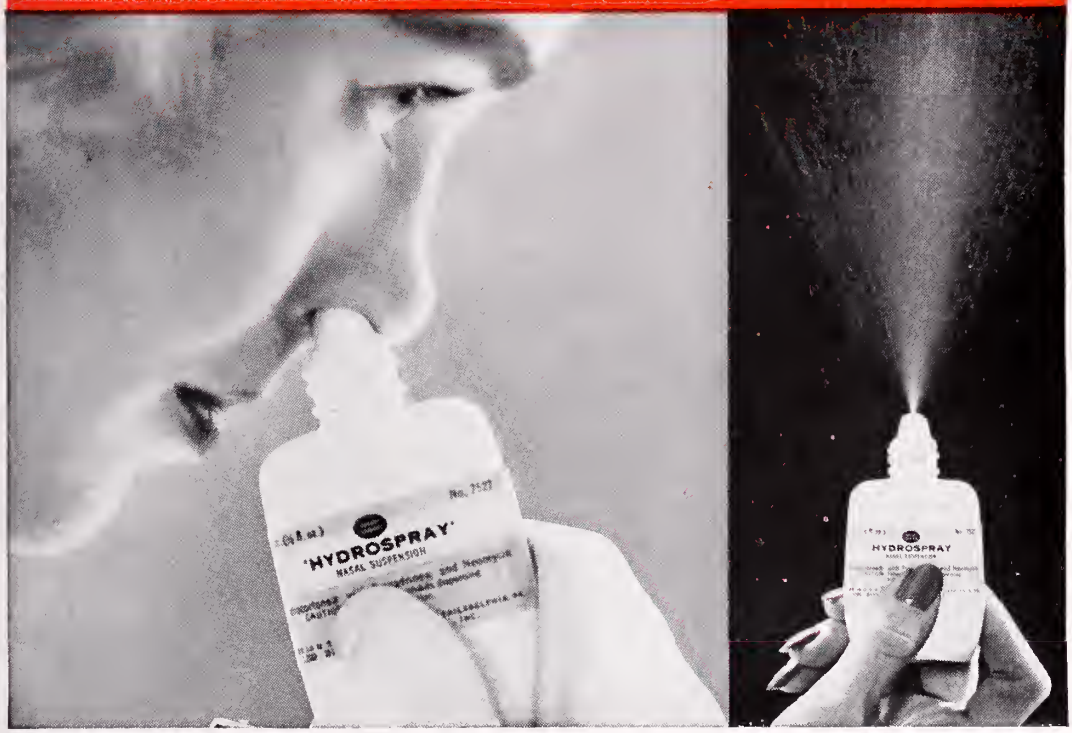
CITY_____ZONE____STATE_____

'Hydrospray' NASAL SUSPENSION

(HYDROCORTONE® WITH PROPADRINE® AND NEOMYCIN)

Anti-inflammatory—
Decongestant—Antibacterial

MAJOR ADVANTAGES: New synergistic anti-inflammatory, decongestant and antibacterial formula. High steroid content assures effective response.



Topically applied hydrocortisone[1] in therapeutic concentrations has been shown to afford a significant degree of subjective and objective improvement in a high percentage of patients suffering from various types of rhinitis. HYDROSPRAY provides HYDROCORTONE in a concentration of 0.1% plus a safe but potent decongestant, PROPADRINE, and a wide-spectrum antibiotic, Neomycin, with low sensitization potential. This combination provides a three-fold attack on the physiologic and pathologic manifestations of nasal allergies which results in a degree of relief that is often greater and achieved faster than when any one of these agents is employed alone.

INDICATIONS: Acute and chronic rhinitis, vasomotor rhinitis, perennial rhinitis and polyposis.

SUPPLIED: In squeezable plastic spray bottles containing 15 cc. HYDROSPRAY, each cc. supplying 1 mg. of HYDROCORTONE, 15 mg. of PROPADRINE Hydrochloride and 5 mg. of Neomycin Sulfate (equivalent to 3.5 mg. of neomycin base).

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

REFERENCE: 1. Silcox, L. E., *A.M.A. Arch. Otolaryng.* 60:431, Oct. 1954.

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: Athey R. Lutz, Parkersburg
First Vice President: E. Lyle Gage, Bluefield
Second Vice President: Charles A. Hoffman, Huntington
Treasurer: T. Maxfield Barber, Charleston
Executive Secretary: Mr. Charles Lively, Charleston
Ass't. Exec. Sec'y.: Mr. Wm. H. Lively, Charleston

A. M. A. Delegates:
Walter E. Vest (1956), Huntington
Frank J. Holroyd (1957), Princeton

A. M. A. Alternates:
Jacob C. Huffman (1956), Buckhannon
Thomas G. Reed (1957), Charleston

COUNCIL

Chairman: J. P. McMullen, Wellsburg
At Large: Russel Kessel, Charleston

First District:
George T. Evans (1956), Fairmont
D. E. Greeneltch (1956), Wheeling

Second District:
Charles L. Leonard (1956), Elkins
Carl E. Johnson (1957), Morgantown

Third District:
John F. McCuskey (1956), Clarksburg
Jacob C. Huffman (1957), Buckhannon

Fourth District:
Ray H. Wharton (1956), Parkersburg
Francis L. Coffey (1957), Huntington

Fifth District:
Everett H. Starcher (1956), Logan
Russell A. Salton (1957), Williamson

Sixth District:
R. R. Summers (1956), Charleston
Philip W. Oden (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J. Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication
Walter E. Vest, Huntington, Chairman; G. G. Irwin, Charleston; R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F. Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgantown.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

W. Va. Acad. of Ophthalmology and Otolaryngology
Henry C. Hays, Williamson, President; William F. Beckner, Huntington, First Vice President — President Elect; W. F. Shirkey, Charleston, Second Vice President; and Frederick C. Reel, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health
Edward V. Henson, South Charleston, Chairman; Guy R. Post, Parkersburg, Vice Chairman; and David C. Prickett, Fairmont, Secretary-Treasurer.

Internal Medicine
Clark K. Sleeth, Morgantown, President; and J. J. Lawless, Morgantown, Secretary.

Neurology, Neurosurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

Orthopedic Surgery
Howard G. Weiler, Wheeling, Chairman; H. M. Hills, Jr., Charleston, Vice Chairman; and George Miyakawa, Charleston, Secretary-Treasurer.

West Virginia Association of Pathologists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

W. Va. Pediatric Society
Thomas G. Potterfield, Charleston, President; Warren D. Leslie, Wheeling, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
J. Dennis Kugel, Charleston, President; J. L. Patterson, Logan, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Charles M. Scott, Bluefield, Chairman; and Kenneth G. MacDonald, Charleston, Secretary-Treasurer.

Urology
Henry M. Escue, Charleston, President; C. A. Hoffman, Huntington, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS

W. Va. Society of Anesthesiologists
Newman H. Newhouse, Charleston, President; David A. Haught, Huntington, Vice President; and Richard A. Rose, Weirton, Secretary-Treasurer.

W. Va. Diabetes Association
Halvard Wanger, Shepherdstown, President; Waldo C. Henson, Charleston, Vice President; and Delmer J. Brown, Parkersburg, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
William E. Bray, Jr., Huntington, President; Clark K. Sleeth, Morgantown, President Elect; R. U. Drinkard, Wheeling, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

Re-activate the arthritic

MOST POTENT ANTI-RHEUMATIC

Sterane*

Even where hydrocortisone, cortisone, and other agents had failed, prednisolone (STERANE) restored articular mobility and functional capacity to normal in rheumatoid arthritis.[1]

Four times more effective than hydrocortisone, and, on the basis of preliminary findings,[2,3] superior in potency even to prednisone (cortisone analog), STERANE is also relatively free of such hormonal side effects as edema, hypertension, or hypopotassemia.

Supplied: White, 5 mg. oral tablets, in bottles of 20 and 100. Pink, 1 mg. oral tablets, in bottles of 100. Both are deep-scored and in the distinctive "easy-to-break" size and Pfizer oval shape.

References: 1. Bunim, J. J., et al.: J.A.M.A. 157:311, 1955. 2. Forsham, P. H., et al.: Paper presented at First Internat. Conf. on Prednisone and Prednisolone, New York, May 31-June 1, 1955. 3. Perlman, P. L., and Tolksdorf, S.: Scientific Exhibit presented at A.M.A. Annual Meet., Atlantic City, June 6-11, 1955.

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

*brand of prednisolone

PROFIT

from our

EXPERIENCE

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE

Your Local Bureau Today Regarding Other Services

Charleston:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harald Herbert, Manager
Phone 3-0189

Wheeling:

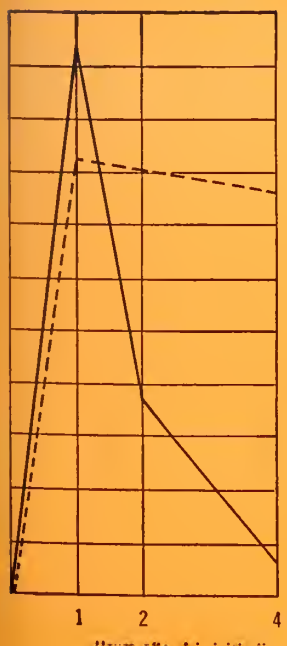
THE MEDICAL-DENTAL BUREAU, INC.

CENTRAL UNION BUILDING
M. O. Bobes-W. H. Hagedorn, Owners
Phone 4250

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Donald R. Roberts	Elkins	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Modison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentrout	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	2nd Tues.
Greenbrier Valley	H. Charles Ballou	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clorksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yoho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnston	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williomson	A. H. Henderson, Jr.	Williomson	2nd Thurs.
Monongalia	Charles S. Mahan	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	George L. Armbrecht	Wheeling	W. E. McNamara, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Richard W. Corbitt	Porkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potomac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylor	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

w! Palatable Oral Suspension Gives
gher, Faster Blood Levels than Twice
Dose of Injected Procaine Penicillin



—— PEN•VEE•*Suspension*, 300,000 units

- - - - Procaine Penicillin G, 600,000 units (one injection)

This ready-mixed, stable, and pleasantly flavored suspension is supplied as follows: PEN•VEE•*Suspension*, 300,000 units per 5-cc. teaspoonful, bottles of 2 fl. oz. Also available: PEN•VEE•*Oral* Tablets, 200,000 units, scored, bottles of 36; 500,000 units, scored, bottles of 12.

PEN·VEE*·*Suspension*

Benzathine Penicillin V Oral Suspension

ORAL PENICILLIN
WITH
INJECTION PERFORMANCE

Wyeth®
Philadelphia 1, Pa.

*Trademark

when patients complain of

unexcelled relief in nonspeci

NEW SIGM

best of the old	Acetylsalicylic acid	325 mg
potentiated by the best of the new	METICORTEN	0.75 mg
augmented by	Ascorbic acid	20 mg
plus	Aluminum hydroxide	75 mg

METICORTEN (prednisone), new Schering corticosteroid, has three to five times the therapeutic effectiveness, milligram for milligram, of oral cortisone or hydrocortisone. Combined in SIGMAGEN with aspirin and ascorbic acid, it permits unexcelled maintenance of "rheumatic" relief at minimal dosages.

Schering

neck · backache · charleyhorse · rheumatics

lumbago · glass arm · devil's grip · bursitis

nis elbow · trigger finger · sciatica · neuralgia

umatic disorders

AGEN

TABLETS

icated in

iscular rheumatism · mild rheumatoid arthritis · myalgia

ild spondylitis · fibrositis · myositis · subacute gout

pleurodynia · tenosynovitis · panniculitis · frozen-shoulder

ckaging

les of 100 and 1000.

IAGEN,* brand of corticoid-analgesic compound.

ICORTEN,* brand of prednisone.

fastest and shortest-acting oral barbiturate

'Seconal Sodium'

(SECOBARBITAL SODIUM, LILLY)

The secret of sleep in a capsule

When simple insomnia is the presenting complaint, a bedtime dose of 'Seconal Sodium' is often indicated. Its effect is prompt—within fifteen to thirty minutes; relaxation and sleep follow quickly. Your patient awakens refreshed and well rested.

Available in 1/2, 3/4, and 1 1/2-grain pulvules at pharmacies everywhere.

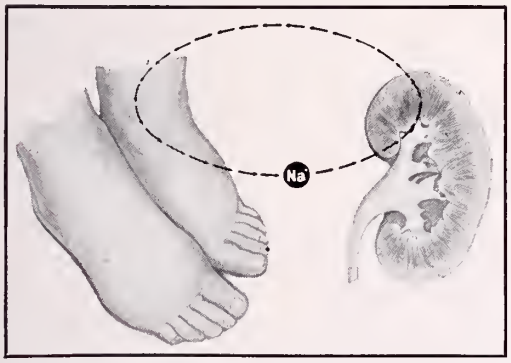
622004

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

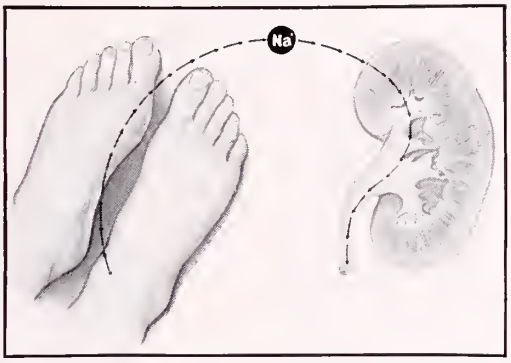
MICTINE* — ORAL NON-MERCURIAL DIURETIC

New Orally Effective Diuretic for Congestive Edema

Best results are obtained when Mictine is administered with meals on an interrupted dosage schedule.



WITHOUT MICTINE — *Prior to diuretic therapy excessive sodium and water are characteristically retained in the edematous patient.*



WITH MICTINE — *Inhibition of the reabsorption of sodium ion leads to an increased excretion of sodium ion, water and chloride.*

An effective diuretic has been described as one which causes excretion of water, sodium and chloride in amounts sufficient to reduce the edema but not to result in salt depletion.

Mictine (brand of aminometradine) introduces to clinical practice an *improved* diuretic which not only meets the standard qualifications but has these seven additional advantages:

Mictine is orally effective; it is not a mercurial; it has no known contraindications; it does not upset the acid-base balance; it exerts no significant influence on electrolyte balance; it may be given in the presence of renal or hepatic diseases; it is well tolerated.

As with most effective therapeutic agents, in high dosage Mictine may cause some side effects in some patients; however, on three tablets daily side effects (anorexia and nausea, rarely vomiting, diarrhea or headache) are minimal or absent.

Clinically, Mictine is useful in the maintenance of an edema-free state in all patients and for initial and continuing diuresis in mild or moderate congestive failure. It is not intended for initial diuresis in severe congestive failure unless either sensitivity or tolerance to other diuretics has developed in the patient.

The maintenance dosage of Mictine, as well as for initial diuresis in mild or moderate congestive heart failure, is one to four 200-mg. tablets daily in divided doses; the dosage for initial diuresis in severe congestive failure, under the conditions already described, is four to six tablets daily. For either use, it is recommended that Mictine be prescribed with meals on interrupted dosage schedules; that is, prescribing Mictine on alternate days or for three consecutive days and omitting it the next four days.

*Trademark of G. D. Searle & Co.

Descriptive literature and clinical trial packages are available on request to . . . **SEARLE** P. O. Box 5110, B Chicago 80, Illinois

The Month in Washington

• From the Washington office of the American Medical Association.

All too frequently overlooked in Congressional activity on health and related bills each year are the little-publicized but highly important appropriations measures, without which no program of the federal government could move forward. The appropriations hearings in the House (where all money bills must originate) rarely get headlines because they are conducted behind closed doors. Weeks and sometimes months later, the hearings are published, but by then the bill supplying money for an agency has been reported to the House.

It is only when the measure gets to the Senate that private groups and individuals are heard, by then in open sessions. Closed House sessions are not new. That is the way it has been done ever since Congress set up a separate committee on appropriations back in 1865.

The importance of appropriations in running the federal government was clearly illustrated when the President submitted to Congress his 1,272-page budget message in which he sought $65.9-billion for all federal programs for the fiscal year beginning July 1.

While there was no overall total of projected spending by all the agencies in the health field, the budget requests for the Department of Health, Education, and Welfare showed a sharp upward trend. And if certain new legislation is voted on this session, like the projected 5-year program of construction grants for medical schools and private laboratory facilities, the total figure for subsequent years is likely to be even higher.

On the medical school-laboratory construction bill, the President asked Congress for $40-million for the first year (estimated cost over five years is $250-million). Construction grants, which would have to be matched on a 50-50 basis, would be available for private medical schools as well as non-federal laboratories conducting research into a wide range of crippling diseases.

The budget message also calls for another $30-million in outright grants to the states to help them in financing poliomyelitis vaccination programs. This was the same amount appropriated by Congress last session. The administration, in a separate request, asked for extension of the polio law from February 15, 1956 to June 30, 1957. Both the House and Senate voted the 17-month extension with only brief debate. Since only half of last year's $30-million was spent up to the February 15 expiration date of the original act, there was no rush for Congress to act on the new account.

Other new spending asked by the administration, contingent, of course, on enabling legislation, includes $10-million for initial capitalization of mortgage loan guarantees for health facilities; $5-million for graduate and practical nurse and professional health personnel training; $3-million for water pollution grants; $1.5-million for mental health expansion programs; and $1-million for sickness and disability surveys in the United States.

If Congress approves the requests, virtually all segments of the Department of HEW will have more money to spend than in this fiscal year. None would benefit more, however, than the medical research arm of government, the National Institutes of Health. The total sought for the seven institutes is 28 per cent more than estimated spending this year. Here are some examples: National Cancer Institute, $32,437,000, up 29 per cent; National Heart Institute, $22,106,000, up 17 per cent; and the National Institute of Allergy and Infectious Diseases (formerly the National Mircobiological Institute), $9,799,000, a 26 per cent increase.

The President requested $130-million for the Hill-Burton hospital-clinic construction program which will be 10 years old this August. In this connection Congress has been asked to extend the act for two years beyond next year, and action is expected this session.

Miscellaneous

After a study of possibilities in the peaceful uses of atomic energy, a panel has recommended, among other things, that the federal government encourage states and private organizations to take full advantage of the opportunities offered by radioactive material for medical research and treatment.

It now appears that an improved and more uniform program of medical care for service families will be adopted this session, possibly before this is published. One feature: A $25 deductible charge in civilian hospitals, but with the government paying the full insurance premium, and a mandatory subsistence charge in military hospitals.

Making slower progress is the plan, under consideration for more than a year, for a health insurance program for U. S. civilian workers. Here the government would pay about half the cost.

Several committees are urging stricter penalties to bring the illicit narcotic traffic under better control but so far no suggestion has been made for more controls over the medical profession in the handling of narcotics.

new
way in x-ray
is *dial-the-part* automation in Picker Century II

simple . . .

direct . . .

easy . . .

no charts . . .

no calculations

. here's all you do . . .

dial
the body part
on the big selector scale (inset here is a typical body-part "station").

set
its thickness
point the needle to the measured thickness of that part in the patient you're x-raying.

take
the radiograph
that's all there is to it. "Dial-the-part" automatian takes it easy, gets it right every time.

tomatic Century II

fluoroscopic-radiographic x-ray unit

your local Picker representative about the new ATOMATIC"; let him show you how it works, tell how modest its cast, what a boon for you it may prove to be.

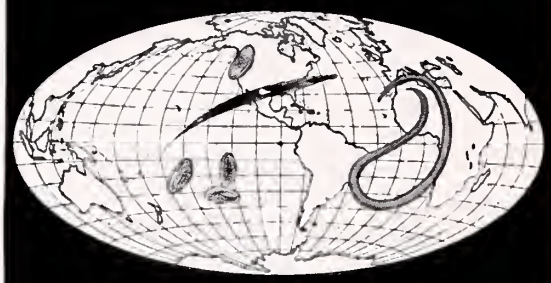
Picker x-ray

25 South Broadway, White Plains, N. Y.

IN WEST VIRGINIA is at 714½ Lee Street, Charlestan
60 Mahood Road, Huntington

Phone 3-1178

'ANTEPAR'®*



for "This Wormy World"

PINWORMS

ROUNDWORMS

*SYRUP OF 'ANTEPAR' Citrate brand Piperazine Citrate

Bottles of 4 fluid ounces, 1 pint and 1 gallon.

*TABLETS OF 'ANTEPAR' Citrate brand Piperazine Citrate

250 mg. or 500 mg., Scored

Bottles of 100.

Pads of directions sheets for patients available on request.

BURROUGHS WELLCOME & CO. (U. S. A.) INC.
Tuckahoe, New York

OBITUARIES

RAYMOND LESLIE FOCER, M. D.

Dr. Raymond Leslie Focer, 72, of Weirton, died January 16, 1956, at the Veterans Hospital in Pittsburgh following a short illness.

Doctor Focer was born in Pittsburgh June 9, 1883. He received his academic education at Allegheny High School and graduated in 1910 from the University of Pittsburgh School of Medicine. He served his internship at Presbyterian Hospital and located in Carnegie, Pa. He subsequently moved to Colliers, West Virginia, and relocated at Weirton in 1929, where he continued in practice until a short time before his death.

He served as captain in the Medical Corps of the Army during World War I, being stationed overseas for fourteen months. He was in five major engagements, and subsequently served with the Army of Occupation in Germany.

He was an honorary member of the Hancock County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by his widow, the former Lena Freshwater of Colliers. He is also survived by a daughter, Mrs. Ray Spencer of Concord, California.

* * *

MAX HARRIS, M. D.

Dr. Max Harris, 58, of Bath, Pennsylvania, died in that city January 15, 1956.

Doctor Harris was a member of the staff of the Memorial General Hospital at Elkins from March 1949 until 1951, when he became affiliated with the Mile Ground Medical Center at Morgantown. He moved to Bath in May, 1955, where he engaged in private practice.

Doctor Harris was born at Nelsonville, Ohio, April 6, 1897. He received his academic education at Penn State and his M. D. degree from Temple University School of Medicine in 1921. He had graduate work at the University of Pennsylvania and in Vienna and Budapest.

He was located at Brownsville, Pennsylvania, before moving to Elkins.

He was a member of the Northampton County (Pa.) Medical Society, and a former member of the Barbour-Randolph-Tucker Medical Society, the Monongalia County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his wife, he is survived by a son, Baum Harris, who is serving with the U. S. Army at Camp Gordon, Georgia.

* * *

ALFRED RICHARD SCHMIDT, M. D.

Dr. Alfred Richard Schmidt, 67, of Wheeling, died at his home in that city, January 24, 1956. He had been ill for over a year.

Doctor Schmidt was born in Chicago, November 9, 1888, son of the late William and Augusta Schmidt.

He received his elementary education in the public schools of Chicago and graduated from Chicago College of Medicine and Surgery in 1913. He was also a graduate of La Salle School of Law.

For the past eleven years, he had served as medical director for the Baltimore and Ohio Railroad Company in the Wheeling area.

Besides his widow, he is survived by a son, Alfred, at home, and two daughters, Mrs. Sterling Bass, Jr., of Brooklyn, and Mrs. Ted Fenska, of California.

* * *

OKEY MAXWELL STAATS, M. D.

Dr. Okey Maxwell Staats, 78, of Wheeling, died in a hospital in that city, January 25, 1956, following a short illness.

Doctor Staats was born in Ravenswood, July 16. 1877, son of the late William and Clara (Morgan) Staats. He received his academic education at West Virginia University, and graduated from Detroit College of Medicine and Surgery (now Wayne University School of Medicine), Detroit, in 1904.

He served his internship at the Haskins Hospital in South Wheeling, 1904-1906, and was house physician at the old City Hospital in Wheeling, 1907-1913.

Doctor Staats served as Captain in the Medical Corps of the Army during World War I, being stationed at Camp Greenleaf, Georgia.

He served as Captain in the Medical Corps of the Army during World War I, being stationed at Camp Greenleaf, Georgia.

He was an honorary member of the Ohio County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by a daughter, Mrs. F. S. Collins, Jr., of Georgetown, South Carolina; four sisters, Mrs. Mary Ann Bracken and Mrs. Martha S. Reed, of Cincinnati, Mrs. E. F. Glaser, of Greenwood, Ohio, and Mrs. Nelle Lowe, of Leesburg, Ohio; and two brothers, Dr. J. Clinton Staats and Dr. C. C. Staats, both of Cincinnati.

* * *

LIEF ELMER WALTON, M. D.

Dr. Lief Elmer Walton, 66, of Pennsboro, died January 17, 1956, at his home in that city following a short illness.

Doctor Walton was born at Renick, in Greenbrier County, December 17, 1888, son of the late W. C. and Elizabeth (Mann) Walton. He received his early education in the Greenbrier schools, and graduated from the Medical College of Virginia in 1914. He was licensed in West Virginia in 1914 and practiced at Pullman before locating at Pennsboro. He had previously practiced medicine at New Market, Virginia, for fourteen years.

He was a member of the Academy of Medicine of Parkersburg, the West Virginia State Medical Association, and the American Medical Association.

He is survived by his widow, Lelia (Jack) Walton; a daughter, Mrs. Elizabeth Nash of Lake Placid, Florida; three sons, Harold, of Akron, Ohio., and Elmer and Bertram, both of Baltimore, Maryland; and two sisters, Mrs. Jenevera Whitney, of Preston, California, and Miss Lillian Walton, of Washington, D. C.

Results With

'ANTEPAR®'*

against PINWORMS

In clinical trials, over 80% of cases have been cleared of the infection by one course of treatment with 'Antepar.'

Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.: Brit. M. J. 2:755, 1953.

against ROUNDWORMS

"Ninety per cent of the children passed all of their ascarides . . ."

Brown, H. W.: J. Pediat. 45:419, 1954.

*SYRUP OF 'ANTEPAR' Citrate brand Piperazine Citrate

Bottles of 4 fluid ounces, 1 pint and 1 gallon.

*TABLETS OF 'ANTEPAR' Citrate brand Piperazine Citrate

250 mg. or 500 mg., Scored

Bottles of 100.

Pads of directions sheets for patients available on request.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, New York

For Relief of Coughs Due to Colds

USE

COTHEN EXPECTORANT

(Exempt Narcotic)

Each Fluid ounce contains:
Dihydrocodeinone Bitartrate ..... ⅛ gr.
(Warning: May be habit forming)
Thenylpyramine Fumarate ..... 90 mgms.
Menthol and Flavor ..... q. s.
Alcohol 5%

COMBINES THE ANTIHISTAMINIC EFFECTS OF THENYLPYRAMINE WITH THE ANTI-TUSSIVE AGENT DIHYDROCODEINONE WHICH IN SMALLER DOSES PRODUCES A QUICKER SEDATIVE ACTION THAN CODEINE. DIHYDROCODEINONE DOES NOT INHIBIT EXPECTORATION OR PRODUCE CONSTIPATION TO THE SAME DEGREE AS CODEINE.

Dose: 1 to 2 teaspoonsful (4 cc) to (8 cc) 3 to 4 times a day. For children from 8 to 12 years old, one half above dosage. For children under 8 years old only according to physician's instructions.

●

Supplied in Pints and Gallons.

♦

"28 Years of Service 1928-1956"

♦

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue **Phones: 28341 - 28342**

HUNTINGTON, WEST VIRGINIA

COUNTY SOCIETIES

CABELL

Dr. Raymond Louis Hilsinger, of the Department of Otolaryngology, Cincinnati General Hospital, was the guest speaker at the regular monthly dinner meeting of the Cabell County Medical Society held February 9 in the Georgian Terrace Room, at the Hotel Frederick in Huntington.

The speaker presented a comprehensive paper on the subject of "Headaches." The paper was discussed by Drs. Dorsey P. Ketchum, C. M. Polan, A. C. Esposito, and Thomas J. Holbrook.

The following recommendations of the Blood Bank Committee, presented by Dr. Francis A. Scott, were accepted by the Society:

1. That the Cabell County Medical Society cooperate with the Red Cross Blood Bank Program.
2. That the Society accept the proposed Red Cross policy of a charge of $2.50 per pint for processing whole blood and that this charge be collected by the hospital as a separate item on the patient's hospital bill, or that it be absorbed in the fee of $10.00, which is the usual charge for handling Red Cross blood.
3. That all active members of the Cabell County Medical Society act as supervising medical attendants at the Red Cross Center in alphabetical rotation. If, at any time, it is impossible for any member to fulfill his obligation, that he personally be responsible for obtaining a substitute.

The president, Dr. Thomas G. Folsom, announced the appointment of the following special committee to cooperate in Blue Cross matters with Mr. Joe H. Mathewson, Executive Director, Blue Cross Hospital Service, Inc.:

Dr. William Bray, Chairman; and Drs. Sam Biern, Frank M. Booth, J. Foster Carr, and Raymond H. Curry.

The President also announced the appointment of the following Budget Committee:

Dr. J. Foster Carr, Chairman; and Drs. Richard Stevens, C. Stafford Clay, C. M. Polan, and Albert Esposito.

Dr. C. L. Terlizzi, reporting for the Emergency Call Committee, recommended that the Society's Emergency Call Service be continued; that an official roster be compiled by the secretary in February of each year, and that such roster be kept current at all times; and that the age limit of participating physicians on the official roster be raised from 55 to 65 years of age. All of the recommendations were accepted.

Approvol Asked for PG Troining Program

A resolution was offered by Dr. C. A. Hoffman, Chairman of the Postgraduate Training Program for the Cabell-Huntington Hospital, commending the efforts of the hospital to obtain prompt approval of its program of postgraduate training for interns and residents. The resolution, which was adopted by the Society, further provided that the State Department and the American Medical Association be requested to "permit prompt initiation of the proposed program,

giving special consideration to foreign graduates who have already been under the supervision and training of the medical staff, and who are now ready to begin work."

The request of the Woman's Auxiliary to the Cabell County Medical Society that 15 subscriptions to Today's Health be purchased for distribution to rural schools was granted by the unanimous vote of the Society.

The following resolution, offered by Dr. Walter E. Vest on behalf of the Public Policy and Legislation Committee, was adopted:

"Whereas, the House of Delegates of the American Medical Association has recommended to the state medical societies that they poll their entire membership on the question of the inclusion of physicians in the Old Age and Survivors Insurance provisions of the Social Security Act:

Therefore, be it resolved by the Cabell County Medical Society that the secretary be instructed to prepare a questionnaire to be mailed to each member, said questionnaire to provide three questions, as follows:

1. For compulsory inclusion of physicians under OASI;
2. For voluntary inclusion of physicians under OASI; and
3. For the entire exclusion of physicians from OASI; and

Be it further resolved that the results of the poll be forwarded to the West Virginia State Medical Association for transmittal to the Board of Trustees of the American Medical Association.

Doctor Vest also offered the following resolution, which was adopted by the Society:

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

Upjohn

KALAMAZOO

Indicated wherever oral cortisone or hydrocortisone is effective • Available in 5 mg. tablets in bottles of 30 and 100, and in 1 mg. tablets in bottles of 100 • Usual dosage is ½ to 1 tablet three or four times daily

Delta-Cortef*

Less sodium retention, less potassium depletion

*Trademark for the Upjohn brand of prednisolone (delta-1-hydrocortisone)

THE Burdick MF-49 UNIVERSAL DIATHERMY

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all-purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A. Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

Whereas, the Federal Government appears to be seriously considering group health insurance on its employees and on the dependents of military personnel; and,

Whereas, the various Blue Cross-Blue Shield plans throughout the country are amply able to handle this additional load:

Therefore, Be It Resolved by the Cabell County Medical Society that we approve heartily of the utilization of Blue Cross-Blue Shield plans for this insurance of federal employees and dependents of military personnel.

A resolution of commendation and appreciation of the services of Dr. Hiram W. Davis, Superintendent of Huntington State Hospital, "as a man, a physician and a psychiatrist", offered by the Secretary, was unanimously adopted.

In the resolution, recommendation was made to the Legislature that the request of Doctor Davis for increased funds with which to operate the hospital be approved in toto. Copies of the resolution were ordered mailed to Doctor Davis, Governor William C. Marland, Honorable Ralph J. Bean, President of the West Virginia Senate, and Honorable William E. Flannery, Speaker of the House of Delegates.

Dr. L. S. Dillion and Dr. Robert G. Smith were elected to affiliate membership in the Society.—Ronald E. Crissey, M. D., Secretary.

* * *

CENTRAL WEST VIRGINIA

At a meeting of the Central West Virginia Medical Society held at Buckhannon late in December, Dr.

"The substitution of oral Neohydrin for parenteral meralluride was successfully accomplished in 97 per cent of 70 ambulatory clinic out-patients with chronic congestive heart failure."*

*Lawrence, W. E.; Kahn, S. S., and Riser, A. B.: South. M. J. 47:105, 1954.

98656

J. C. Huffman of that city was elected president. He succeeds Dr. J. M. Cofer of Bergoo.

Dr. H. Sinclair Tait of Weston was named vice president and Dr. Theresa O. Snaith of Weston was reelected secretary-treasurer.

The March meeting of the Society will be held in Weston, and the program will be arranged by Drs. H. Sinclair Tait, A. A. Milburn and O. W. Corder.—Theresa O. Snaith, M. D., Secretary.

* * *

LOGAN

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, paid his official visit to the Logan County Medical Society at the regular monthly meeting held in Logan on February 8, 1956. He was accompanied by Charles Lively of Charleston, executive secretary of the Association.

Both Doctor Lutz and Mr. Lively discussed current administrative matters concerned with the work of the State Medical Association.

At the business session held following the formal program, the Society went on record unanimously in support of the position of the American Medical Association with reference to the voluntary, but not compulsory, inclusion of physicians in the Social Security program. The members also joined with the AMA in voting opposition to the payment of Social Security benefits to disabled persons at age 50 instead of 65.—Mark S. Spurlock, M. D., Secretary.

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO, NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

MARSHALL

Dr. David E. Yoho of Moundsville, at a meeting held recently in that city, was elected president of the Marshall County Medical Society. He succeeds Dr. J. W. Myers, who has served during the past year.

Dr. Thomas O. Dickey of McMechen was reelected secretary.

* * *

McDOWELL

Honorable Thornton G. Berry, Judge of the Circuit Court of McDowell County, was the guest speaker at the regular monthly meeting of McDowell County Medical Society held January 11 at the Appalachian Community Room in Welch.

The speaker discussed a plan in effect in Cincinnati by which it is sought to improve cooperation and relations between physicians and lawyers. The second part of his address was confined to medical testimony.

Judge Berry suggested that the Society name a committee to consult with a like committee from the local Bar Association for the purpose of considering the adoption of a code similar to the one in use in Cincinnati.

Subsequently, the president, Dr. O. E. Linkous, Jr., named as members of a liaison committee to the local Bar Association, Dr. A. J. Villani, chairman, and Drs. J. H. Anderson and Edmund O. Gates. Doctor Linkous will also serve as a member of the committee.

Dr. Guy E. Irvin of Welch was elected a member of the Society.—F. L. Johnston, M. D., Secretary.

MONONGALIA

Dr. John W. Cronin, medical director of the United States Public Health Service, was the guest speaker at a joint meeting of the Monongalia County Medical Society and Auxiliary held February 7 at the Hotel Morgan in Morgantown. His subject was, "The Hospital and Medical Facilities Survey and Construction Program."

Doctor Cronin has been with the USPHS since 1932, and has served as chief of the division of hospital and medical facilities since 1949. This is the division directly charged with the administration of the Hill-Burton program for the construction of hospitals.

Honor guests at the dinner included Dr. and Mrs. Irwin Stewart, Dr. and Mrs. Carl Fraser, Walter L. Hart, editor of the Dominion News and Brooks Cottle, editor of the Morgantown Post.—Robert J. Fleming, M. D., Secretary.

* * *

PARKERSBURG ACADEMY

Dr. Jack D. Myers, chairman of the department of medicine at the University of Pittsburgh School of Medicine, was the guest speaker before the regular monthly meeting of the Parkersburg Academy of Medicine held February 2 at the American Legion Home in Parkersburg.

The speaker discussed the effects of abnormal increased thyroid activity on the body in general. He said that, due to the iodine treatment introduced in 1915, few people now die of hyperthyroidism.

At the business session following the scientific program, Dr. Guy R. Post, director of the Parkersburg-

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

Wood County Health Department, told the group that the department is giving Salk Vaccine to indigent persons referred by physicians.

It was announced that the next meeting of the Mid-Ohio Valley Academy of Medicine will be held in March in Parkersburg, with Dr. Lauren V. Ackerman of St. Louis, as the speaker. He will discuss some subject concerned with pathology.—William E. Gilmore, M. D., Secretary.

* * *

PRESTON

Dr. D. P. Brown of Kingwood was elected president of the Preston County Medical Society at a meeting held in Kingwood, January 26, 1956. He succeeds Dr. Blanche B. Miller of Eglon.

Dr. William H. Harriman, Jr., of Terra Alta was named vice president, and Dr. C. Y. Moser of Kingwood was reelected secretary-treasurer.

Doctor Brown of Kingwood and Dr. J. C. Arnett of Rowlesburg were elected delegates to the House of Delegates, and Dr. M. Dorcas Clark of Terra Alta and Dr. J. F. Lehman of Kingwood, alternates.

Regular meetings of the Society will hereafter be held on the fourth Thursday of each month.—C. Y. Moser, M. D., Kingwood.

* * *

SUMMERS

Dr. W. L. Van Sant of Hinton was elected president of the Summers County Medical Society at the regular monthly meeting held on January 25 at the Hinton Hospital. He succeeds Dr. D. W. Ritter.

Dr. Buford W. McNeer was named secretary-treasurer to succeed Dr. A. L. Holmes.

Doctor McNeer was named chairman of the Legislative Committee, and Dr. Jack D. Woodrum, chairman of the Public Relations Committee.

Delegates and alternates to the State Medical Association's House of Delegates were elected as follows:

Delegates, Dr. J. W. Hesen, Jr. and Doctor McNeer; and alternates, Dr. Woodrum and Dr. Jesse T. Johnson.

The regular monthly business session of the Summers County Medical Society was held at the Hinton Hospital, in Hinton, February 15, with the president, Dr. W. L. Van Sant, presiding.

A special committee on constitution and by-laws was named by the president to submit for the consideration of the members a draft of a Constitution and By-Laws for the Society. The committee is composed of Drs. A. W. Holmes and B. W. McNeer.

It was announced that the next meeting of the Society will be held on March 14 instead of March 21 so as to avoid conflict with the annual meeting of the American Academy of General Practice in Washington, D. C.—B. W. McNeer, M. D., Secretary.

The human brain is a wonderful thing. It starts working the moment you are born, and never stops until you stand up to speak in public.—Anon.

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Winnie W. Wilson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. Paul P. Warden, Grafton
President Elect: Mrs. J. E. Spargo, Jr., Wheeling
First Vice President: Mrs. George T. Evans, Fairmont
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Lynwood D. Zinn, Clarksburg
Fourth Vice President: Mrs. John F. Morris, Huntington
Treasurer: Mrs. George Miyakawa, Charleston
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. R. D. Stout, Grafton
Parliamentarian: Mrs. J. Preston Lilly, Charleston

WHAT AUXILIARY MEMBERS SHOULD KNOW ABOUT HR 7225

The medical profession is confronted with many important and major medical issues this year. For example, 247 bills have been dropped into the hopper during the first session of the 84th Congress. An outline of the more important proposals for Auxiliary participation was stated in the 1955-56 legislation program, including HR 7225 (the Social Security Amendments of 1955); the Bricker Amendment; Federal Aid to Education; the Jenkins-Keogh Bills; and Reinsurance.

It is imperative that physicians and their wives fully understand the dangerous threat to medicine that is posed by HR 7225.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rorely foil to help the Doctor bring out the importont points in his scientific essoys.

Many yeors' experience in moking the cuts for THE WEST VIRGINIA MEDICAL JOURNAL hos tought us to recognize the extreme necessity of bringing out the foint detoils ond obscure shodows thot mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

WE CORDIALLY INVITE YOUR INQUIRY

for application for membership which affords protection against loss of income from accident and sickness (accidental death, too) as well as benefits for hospital expenses for you and all your eligible dependents.

SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS SURGEONS DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$22,500,000 PAID FOR BENEFITS

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

THE CINCINNATI SANITARIUM

ESTABLISHED 1873

A Private Psychiatric Hospital Offering Modern Diagnostic and Treatment Procedures

- Equipped to provide all modern and accepted methods of treatment.
- Ample classification facilities with qualified psychiatric nursing.
- Complete occupational therapy and recreation activities.
- Rest Cottage, a separate department for mild neurotic problems and the convalescent.
- Forty acres of park-like grounds affording activities with privacy.

. . . . . .

OWEN C. CLARK, M.D. . . . Medical Director

W. N. WRIGHT, M.D. . . . Psychiatrist in Residence

HENRY GRUENER, M.D. . . . Physician in Residence

DOUGLAS A. JOHNSTON, M.D. . . . Medical Director Emeritus

ISABELLE DAULTON, R.N. . . . Director of Nursing

GRACE SPINDLER, R.N. . . . Assistant Director of Nursing

ELLIOTT OTTE . . . Business Administrator

write for descriptive booklet

THE CINCINNATI SANITARIUM

5642 HAMILTON AVENUE, Cincinnati 24, Ohio

Telephone KIrby 1-0135 KIrby 1-0136

As you probably know, the American Medical Association does not draft or initiate legislation, but this does not mean that the group is not busy. The Legislative Committee of the AMA, with headquarters in Chicago and Washington, analyzes all bills with medical implications and recommends positions that the AMA may adopt. Today, the bill in which the medical profession is probably most interested is HR 7225. If you are not familiar with the title of this article, this is the time to acquaint yourself with the facts that are being planned for you and your husband.

Proposed Changes in Law

The proposed Social Security Amendments of 1955 would mean a number of changes in the present law. It would, among other things, reduce Social Security retirement age for women from 65 to 62; expand compulsory Social Security coverage to all self-employed professional groups, except physicians; and raise Social Security tax over and above the increase already scheduled for the next 20 years. These provisions call for a careful study of the scope, as well as the financial stability, of our Social Security program.

The most important parts of the bill, from the standpoint of the medical profession, are the sections which would extend old-age and survivors insurance benefits for permanently and totally disabled children beyond the age of 18 and make permanently and totally disabled persons eligible to receive their Social Security retirement benefits at age 50 instead of 65.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

These revisions of the Social Security Act, engineered late in the first session of the 84th Congress, will be one of the major national issues in 1956—an election year. When HR 7225 was first rushed through the House Ways and Means Committee without public hearings, seven members of that committee tried in vain to demand open hearings and careful study of the bill and to sound warnings in their minority report to the House of Representatives by stating that

> "We do not believe that our committee has discharged its obligations to either Congress or to the American people by its brief closed-door consideration of this vital legislation. We have sought to point out the grave social and economic implications of the bill. We have dwelt at some length with the staggering ultimate costs of this developing program, because we do not believe that either Congress or the public has any conception of its magnitude."

Bill Passed by House in 1955

On July 18, 1955, by a roll call vote of 372 to 31, the House passed HR 7225 despite all warnings and similar protests voiced on the floor of the House and in the Congressional Record. The action was taken under a procedure suspending the rules, barring amendments, and limiting debate to 40 minutes.

Fortunately, during the closing days of the 1955 session, the Senate Finance Committee refused to be stampeded into hasty action. The Committee has scheduled extensive public hearings which were opened early in February. Medical witnesses are being heard during these hearings.

"Neohydrin... offers the striking advantage of a high degree of therapeutic effectiveness upon oral administration."*

*Krantz, J. C., Jr., and Carr, C. J.: The Pharmacologic Principles of Medical Practice, ed. 3, Baltimore, The Williams and Wilkins Company, 1954, p. 998.

98556

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

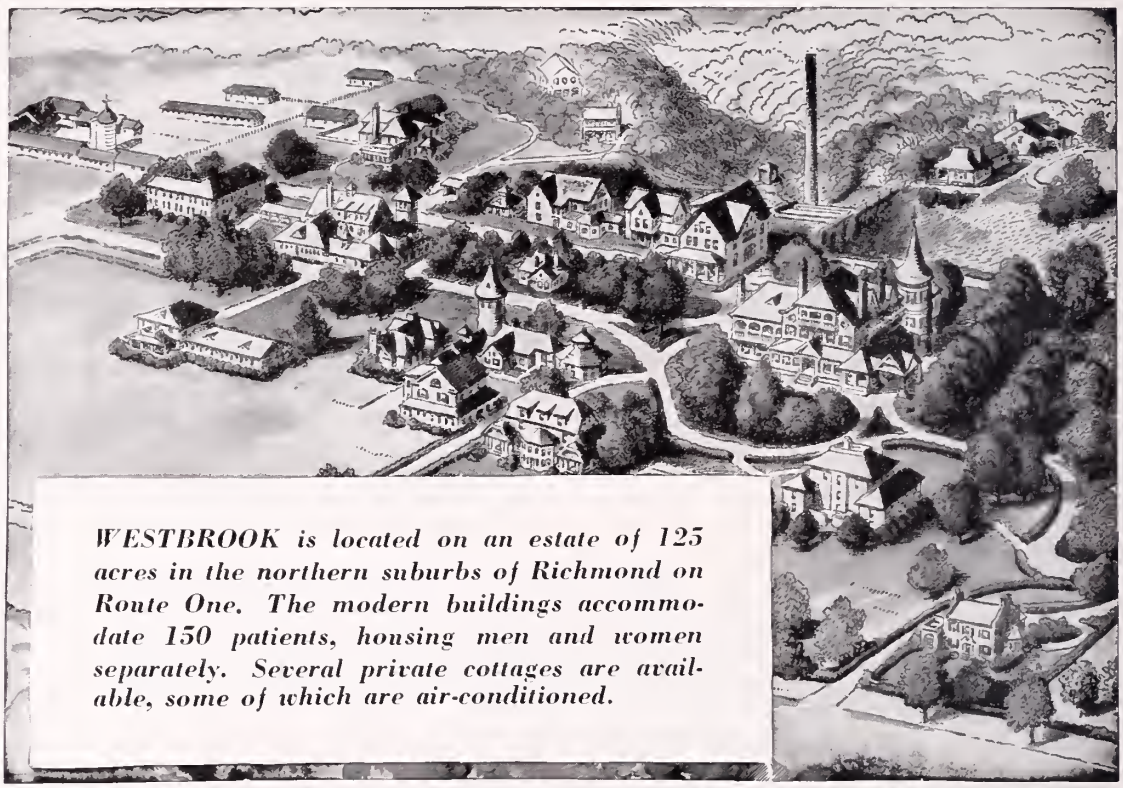
George T. Harding, M. D., President of Board
Charles L. Anderson, M. D., Clinical Director
L. Harold Caviness, M. D.
J. Russell Frantz, M. D.
Charles W. Harding, M. D.
Theodore J. Lukens, M. D.
Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

WESTBROOK SANATORIUM

Established 1911

• • • *Richmond, Virginia*



WESTBROOK is located on an estate of 125 acres in the northern suburbs of Richmond on Route One. The modern buildings accommodate 150 patients, housing men and women separately. Several private cottages are available, some of which are air-conditioned.

STAFF

PAUL V. ANDERSON, M. D.
President

REX BLANKINSHIP, M. D.
Medical Director

JOHN R. SAUNDERS, M. D.
Associate

THOMAS F. COATES, M. D.
Associate

JAMES K. HALL, JR., M. D.
Associate

R. H. CRYTZER
Administrator

A PRIVATE psychiatric hospital for the treatment of nervous and mental disorders and the problems of addiction.

The modern diagnostic and treatment procedures include electro-shock, insulin, psychotherapy, occupational and recreational therapy.

WESTBROOK SANATORIUM

P. O. Box 1514 RICHMOND, VIRGINIA *Phone 5-3245*

Brochure of Views and Literature Sent on Request

Disability Benefits

What effect will the disability sections of this bill have on the medical profession and the general public? Under this proposal, cash monthly benefits will be paid to persons covered by the Social Security Act who are age 50 or over and who are fully, currently insured under the Act. These benefits would be payable after a waiting period of six months. Determinations of disability would be made through the State Agencies that make the determinations under the disability "freeze" provisions enacted in 1954. The definition of disability is the same as the "freeze" provisions of the present law, except that there is no presumed disability for the blind.

Persons applying for disability benefits would be referred to State Agencies providing rehabilitation services under the Vocational Rehabilitation Act. The bill provides that the Secretary of Health, Education and Welfare may reduce and eventually stop benefits to anyone who "without good reason" refuses available rehabilitation services.

Constant Pressure Inevitable

By providing a disability benefit as a right through the OASI system, this legislation would subject physicians to government regulations in making disability determinations and rendering rehabilitation services. Furthermore, constant pressures from government agencies and administrative personnel, as well as patients seeking disability certification, would cause increasing responsibilities that you and your husband know will be most difficult and, in many cases, almost impossible to carry out. More important, it raises a grave question relating to the welfare of the patients. It would classify and certify as hopeless many of those to whom adjustment to a new way of life offers the only hope of recovery and rehabilitation.

The experience of the past two decades has demonstrated the danger arising from the nation's failure to decide just what Social Security should accomplish and just where it should stop. Bills liberalizing the program never contain any specific, well-defined limitations. Year after year, the members of Congress, introduce a growing number and variety of proposals. The trend is moving farther and farther away from the original Social Security concept of minimum economic protection for old age. It is moving closer and closer toward the concept of a "cradle to grave" security program that would protect against any and all of the hazards of living.

Position of the AMA

The average person now receiving the OASI pension has, together with his employer, paid only about 4% of the cost of that pension. The remaining 96% has been or will be paid out of the taxes of present workers. Pensions for present workers, in turn, will have to be paid by the next generation of workers. The future cost of Social Security with the additional proposed amendment will be stupendous.

The position of the medical profession, as recommended through the American Medical Association, is as follows:

(1) The Social Security issue once and for all should be taken out of politics. It is too big a problem to be

EVERY WOMAN

WHO SUFFERS

IN THE

MENOPAUSE

DESERVES

"PREMARIN"®

widely used

natural, oral

estrogen

AYERST LABORATORIES

New York, N. Y. • Montreal, Canada

5645

considered on the basis of political expediency every two years at election time.

(2) There should be an objective, thorough study of Social Security in all its present and future aspects, medical and otherwise. The AMA will do everything in its power to aid in extensive research on disability, rehabilitation and medical care.

(3) The facts developed by such a study should be made fully available to the American people so that they can make a sound national decision on further expansion of Social Security.

Every member of the Auxiliary should acquaint herself fully with the provisions of this bill as outlined above because in the immediate future the Woman's Auxiliary to the American Medical Association will be asked to have all component auxiliaries concentrate their efforts in an organized manner to combat this undesirable legislation.

The time to prepare for action is now! Let me make the following suggestions:

(1) Contact your State and County Medical Society Advisory Board at once for approval to take positive and immediate action as soon as requested to do so by the AMA.

(2) Obtain permission from your Auxiliary to send telegrams to the members of the Senate and House of Representatives from your state.

(3) Make your views known to professional, civic, and business organizations of which you may be a member. If these groups take action on the need for study, see that their views also are made known to the members of Congress.

It is urgent that these matters be given immediate attention by members of the Auxiliary.—Mrs. Charles L. Goodhand, Legislation Chairman, Woman's Auxiliary to the American Medical Association.

CABELL

The first meeting of the new year was held by the Auxiliary to the Cabell County Medical Society, at the Hotel Frederick in Huntington, on January 10. The theme was "Nurse Recruitment," and the program was presented by Mrs. Ronald E. Crissey, chairman of the Nurse Recruitment Committee. She discussed the work of the seven future nurses clubs in Huntington.

Three of the four student nurses who have been awarded scholarships by the Auxiliary were guests at the luncheon. They were Miss Diane Collins, first year student at the St. Mary's School of Nursing; Miss Jeannette Lipscomb, second-year student; and Miss Clara Gates, who will graduate this year.

The other nurse who is studying under an Auxiliary scholarship is Miss Dorothy Ann Chambers. She is attending the Johns Hopkins School of Nursing.

Captain Eleanor Potter of the Army Nurses Corps, and Drs. Thomas G. Folsom, C. Stafford Clay, and John F. Morris, members of the Auxiliary advisory board, were also guests at the luncheon.

On the evening of January 11, Captain Potter was the guest speaker before a meeting of the seven Huntington Future Nurses Clubs, held in the auditorium of Huntington High School. Her subject was, "Opportunities for Nurses in the Armed Forces."—Mrs. Joseph M. Farrell, Correspondent.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

♦

SUPERB ACCOMMODATIONS

for

Acute and permanent Geriatric patients

and

Acute female nervous disorders

SHOCK THERAPY

and

other treatment as indicated

♦

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

HARRISON

A tea was held at the Art Center in Clarksburg on Thursday afternoon, February 2, for the members of the Woman's Auxiliary to the Harrison County Medical Society.

A play, "To Skin a Cat," written by Vance Johnson, was presented by Mesdames William W. Walker, E. Burl Randolph, and Richard V. Lynch, and Dr. L. Dale Simmons.

A Valentine motif was used at the tea table, with Mrs. J. E. Page and Mrs. R. J. Nutter presiding. They were assisted by Mesdames Lawrence Mills, Herman Fisher, E. Ross Allen, M. F. Farrell, George F. Evans, and L. Dale Simmons.

Arrangements for the tea were made by the Public Relations Committee, composed of Mrs. Lynch, chairman, Mrs. James E. Wilson, Jr., and Mrs. Lawrence B. Thrush.

The president, Mrs. Joseph Gilman, presided at the tea, which was attended by 45 members and guests, including presidents and health chairmen of various civic and garden clubs in Harrison County.

Mrs. Jack Gocke, Mrs. S. W. Jabaut, and Mrs. Paul E. Gordon of Clarksburg, Mrs. C. N. Scott of West Union, and Mrs. T. E. Richards of Bridgeport were introduced as new members of the Auxiliary.—Mrs. Creed C. Greer, Correspondent.

* * *

MARION

Dr. H. Sinclair Tait, of Weston, Superintendent of the Weston State Hospital, was the guest speaker at an open dinner meeting sponsored jointly by the Marion County Medical Society and Auxiliary at the Fairmont Hotel in Fairmont, January 31.

The speaker reminded his audience that there is no mental hygiene or neuro-psychiatric clinic closer to Fairmont than the mental institution at Weston. He recommended that such a clinic be established in Fairmont as a means of correcting mental illnesses in their early stages.

The speaker discussed the great need for additional funds for mental health services in West Virginia. He said that the state is now paying on an average of $1.98 a day for the care of each patient in the Weston institution. He said that the recommended average cost per patient day is $5.00, but that most states appropriate funds sufficient for the payment of from $2 to $2.50 for the care of each patient.

Doctor Tait said that the problem of over crowding still exists at Weston, the patient population now being 2320, with the buildings being designed for the accommodation of but 1450.

More than 100 members of the medical profession and Auxiliary and several laymen attended the meeting. Mrs. Carter F. Cort, president of the Auxiliary, presided, and Doctor Tait was introduced by Dr. Louis E. Baron, president of the Marion County Medical Society.—George T. Evans, M. D., Secretary.

* * *

RALEIGH

Dr. John W. Whitlock of Beckley was the guest speaker at a luncheon meeting of the Woman's Auxiliary to the Raleigh County Medical Society, held at the Beckley Hotel on February 13.

Doctor Whitlock, who was introduced by Mrs. Wallace B. Lilly, discussed the Press-Radio-TV Conference held in Charleston on January 15 and sponsored by the State Medical Association under the auspices of the public relations committee. Doctor Whitlock, who is president of the Raleigh County Medical Society, participated in the conference.

Mrs. Julian R. Lewin, nurse recruitment chairman, reported that two films on medical careers for girls will be shown in Raleigh County high schools, and pamphlets on medical careers will be distributed. She also said that field trips will be arranged for girls interested in work in the medical field.

The musical portion of the program was furnished by Mrs. Ollie Brown, who presented three vocal selections. She was accompanied by Mrs. Julia Secrest.—Mrs. George N. Psimas, Correspondent.

MENTAL RETARDATION

Of the 31 million children in school today, 700,000 are so retarded mentally as to require special assistance. "The greatest handicap that the mentally retarded children face is not their low mental ages but the public's lack of understanding."

It has been estimated that one child in every thousand requires full-time care; four in every thousand can take care of themselves but are unable to work; and twenty-five in every thousand can be independent but with curtailed judgment and ability. —Postgraduate Medicine.

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D.

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

BOOK REVIEWS

TEXTBOOK OF ENDOCRINOLOGY—Edited by Robert H. Williams, M. D., Executive Officer and Professor of Medicine, University of Washington Medical School, Seattle. Second Edition. Pp. 776, with 175 figures. 1955. Philadelphia and London: W. B. Saunders Company. Price $13.00.

Two purposes are stated in the preface to this book. First, Dr. Williams presents, for the sake of understanding, fundamental information concerning physiology and other basic sciences. The introductions to the various chapters do serve well in reviewing the normal structure and function of the endocrine glands.

Secondly, he presents concisely and authoritatively the most up to date information concerning the diagnosis and treatment of endocrinopathies. Assuredly a great deal of information is presented. The text is supplemented generously with 175 illustrations, including drawings, graphs, x-rays and photographs (some of which are in color). In a text written by several authors it is difficult to make a general statement as to whether the intention to achieve conciseness has been realized. In the opinion of the reviewer the presentation of some chapters is not concise, but tends rather to be repetitious and unnecessarily verbose.

It is not stated whether the text is intended primarily for the medical student or practitioner. If the former be the case, the plane of the text of some chapters may be set rather too high; for example, a discussion of pseudo - pseudohypoparathyroidism would appeal only to the "hyper-hyperthusiastic" student.

In summary, in view of the great amount of information following upon reviews of normal structure and function, this text is a valuable addition to the sources of knowledge of endocrinology, although it might seem rather overwhelming to the undergraduate medical student.—Hugh A. Lindsay, Ph.D.

* * *

THE EXCEPTIONAL CHILD FACES ADULTHOOD: Proceedings of the 1955 Spring Conference of the Woods Schools, Langhorne, Pennsylvania.

The Woods Schools, of Langhorne, Pennsylvania, are devoted to the care of "exceptional children." Their pupils are "exceptional" in that they have an Intelligence Quotient which places them toward the left end of the distribution curve.

In our general population, at least five persons in every thousand have an I.Q. of less than 50, and must therefore be classified as "mentally retarded." The conferences of this Child Research Clinic consist of addresses and discussions devoted to the problems of mentally retarded people.

One of the conference speakers, Dr. Louis E. Rosenzweig, Associate Professor of Education at Brooklyn College, vividly describes the retarded person's problem as follows:

"The discrepancies between the retardate and the average person become more pronounced as the child ages. Not only does he start with this growth handicap, but total growth ends earlier. The timepiece regulating the child's development is slow, and the spring controlling it runs down sooner.

"Our culture . . . is inclined to be suspicious of individuals with any handicap, but for the mental deficient, the feelings go beyond suspicion to overt rejection."

The physician cannot afford to ignore the problems associated with mental retardation, since many parents look to their family doctor for advice in such situations. In their 1955 Proceedings, the Child Research Clinic of the Woods Schools reports on the progress that is being made in the understanding of mentally retarded persons. One gets the general impression that the retarded child has a good chance of becoming a happy adult if his problem is properly understood.

The Woods Schools have distributed more than 20,000 copies of these Proceedings. Additional copies are available at a nominal cost. I do not believe, however, that this record of their conference, which has not been edited, is the most effective form of publicity for the Woods Schools. A concise report of objectives, activities, and progress, with some typical questions and answers, would be a more effective way of getting their important message before the public.—John B. Hyde, Ph.D.

Surprising that any American could hurt; especially if he has gotten his share of the fifteen tons of aspirin consumed per day in this country.—Wm. B. McCunniff, M. D., in Missouri Medicine.

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

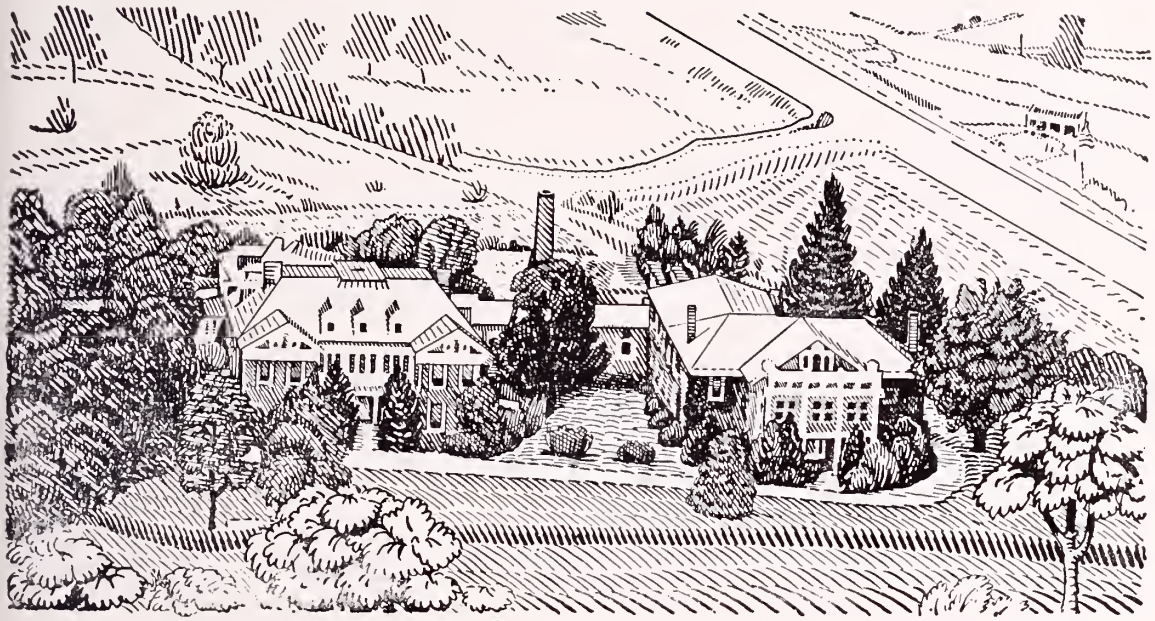
COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

SAINT ALBANS

PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D.
Director

James K. Morrow, M. D. Thomas E. Painter, M. D. Daniel D. Chiles, M. D.
James L. Chitwood, M. D., Medical Consultant. Clara K. Dickinson, M. D.

Affiliated Clinic Offering Psychiatric and Psychological Evaluation and Therapy:

BLUEFIELD MENTAL HEALTH CENTER
1400 Bland Street
Bluefield, W. Va.
David M. Wayne, M. D., Director

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be hod by communicating with Mr. Charles Lively, Business Monager of the West Virginio Medicol Journal, Box 1031, Charlestan 24, W. Vo. The cost is one dollor per month, or ten dollors per yeor if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

(This Space for Sale)

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

March Advertisers

Page

Abbott Labs. ..... x, xi
American Health Insurance Corp. xxii
American Meat Institute xiv
Ayerst Laboratories li

Bayer Company vi
Broaddus Hospital xlviii
Burroughs-Wellcome ..... xxxviii, xxxix

Charleston Engraving Company xlvi
Ciba Pharmaceutical Products xviii
Cincinnati Sanitarium xlvii

Daniel Boone Hotel liv

Feick Brothers xli

Harding Sanitarium xlix

Keeley Institute xliii
Kloman Instrument Company xlii
Knox Gelatine Company xxiii

Lakeside Laboratories ..... xxi, xlii, xlix
Lederle Laboratories 76, 77
Lilly, Eli & Company ..... *Front Cover*, xxxiv

Marmet Hospital xliii
McMillen Sanitarium lii
Mead Johnson & Company ..... xxv, *Back Cover*
Medical Arts Supply Co. xl
Myers Clinic liii

National Drug Co. viii

Parke, Davis & Company ..... ii, iii
Patton Adjustments, Inc. lx
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ..... vii, xxix
Physicians Casualty and Health Association xlvi
Physicians and Dentists Business Bureau xxx
Picker X-Ray Corp. xxxvii

Schering Corp. ..... xvi, xvii, xxxii, xxxiii
Searle, G. D. & Co. xxxv
Sharp & Dohme, Inc. ..... xiii, xix, xxvii
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. xx

St. Albans Sanitorium lv

Upjohn ..... ix, xli

Viceroy Cigarettes xii

Wallace Laboratories xv
Westbrook Sanatorium l
Wheeling Clinic xlv
White Cross Hospital lvi
Winthrop Laboratories, Inc. xxiv
Wocher's, Max xliv
Wyeth, Inc. ..... v, xxxi

Complete

Table of Contents

On Page IV

today's health a must!

for your reception room

Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy hos made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager — CHARLESTON, WEST VIRGINIA — TELEPHONE 27-158

"I was pickin' pansies in Belleau Wood"

THEY WERE only a handful of dirty, haggard Marines. Paralyzed, they hugged the earth outside Lucy le Bocage as murderous German fire poured at them. And then they heard their little, middle-aged sergeant:

"Come on, you ---- -- -------!
Do you want to live forever?"

That yell, and the charge that followed, made Sergeant Dan Daly famous. But he wanted no glory. He already had *two* Medals of Honor, one earned in Peking, the other in the jungles of Haiti.

And when reporters asked about his World War I decorations, he said: "I was out in Belleau Wood pickin' pansies for my girl one day. And the officers said: 'Let's give the poor guy a medal.' Well, sir, they give me the DSC . . ."

No hero to himself, Dan Daly was a fearless and expert professional soldier—one of a breed some folks don't expect of a wealthy, peaceful land like America. Yet America's ability to produce men like Daly is a more important clue to her strength than all the gold at Fort Knox.

For it is Americans by the millions that make our nation great. And it is their priceless strength that backs our country's Savings Bonds.

That's why there's no finer investment in the world than these Bonds. Invest in them regularly, and hold on to them.

It's actually easy to save money—when you buy Series E Savings Bonds through the automatic Payroll Savings Plan where you work! You just sign an application at your pay office; after that your saving is done *for* you. The Bonds you receive will pay you interest at the rate of 3% per year, compounded semiannually, when held to maturity. And *after* maturity they go on earning 10 years *more*. Join the Plan today. Or invest in United States Savings Bonds regularly where you bank.

Safe as America – U.S. Savings Bonds

PUBLIC SERVICE ADVERTISING COUNCIL

The U.S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

New...improved...

"instant"

Olac®

Powdered high protein formula

is easier to use

New, improved Olac dissolves instantly with water...makes a smooth, good-tasting formula with the briefest shaking or stirring.

...provides satisfying, growth-promoting feedings for

- full term bottle-fed babies
- prematures
- supplementary feedings of breast-fed babies

Olac's milk protein content is exceptionally generous. Its fat is a single highly refined vegetable oil. Curd tension is now reduced practically to zero.

Mead products and services are designed to help you in the varied phases of infant feeding

MEAD

SYMBOL OF SERVICE IN MEDICINE

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

'h Annual Meeting, The Greenbrier, Aug. 23-25, 1956

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 4
APRIL, 1956
Single Copy, 50c
Per Year, $3.50

In This Issue . . .

A Community and Its Health Center
By Leonard A. Scheele, M. D.

Chronic Occlusive Disease of the Terminal Aorta
By Max Koenigsberg, M. D.

A Biochemical Consideration of Schizophrenia
By R. F. Krause, M. D., Ph. D.

The Medical Staff and Hospital Administration
By Walter E. Vest, M. D.

COMPLETE CONTENTS ON PAGE IV
INDEX TO ADVERTISERS ON PAGE LVI

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Fastest and shortest-acting oral barbiturate

'Seconal Sodium'
(SECOBARBITAL SODIUM, LILLY)

Among its many uses:
- Simple insomnia
- Unruly pediatric patients
- Obstetric patients
- Procedures associated with moderate pain

In 1/2, 3/4, and 1 1/2-grain pulvules and in ampoules, suppositories, and 'Enseals' (Timed Disintegrating Tablets, Lilly); also, Elixir 'Seconal' (Secobarbital, Lilly).

Lilly

622005

COLLEGE OF PHYSICIANS
LIBRARY
APR - 2 1956
OF PHILADELPHIA

no nicer way to . . . . . .

SUSPENSION

Chloromycetin®

PALMITATE

pleasant-tasting CHLOROMYCETIN for pediatric use

When a youngster's condition calls for CHLOROMYCETIN (chloramphenicol, Parke-Davis) you can make the treatment pleasant by prescribing SUSPENSION CHLOROMYCETIN PALMITATE. Because children like the taste of this custard-flavored suspension, missed doses and spilled doses are avoided. Each teaspoonful is willingly taken...and swallowed.

Precise adjustment of dosage, as directed, is made easier for the child's mother with SUSPENSION CHLOROMYCETIN PALMITATE. The fact that it needs no refrigeration is an added convenience.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

supplied:
SUSPENSION CHLOROMYCETIN PALMITATE,
containing the equivalent of 125 mg.
of CHLOROMYCETIN per 4 cc.,
is available in 60-cc. vials.

get well
MEDICAMENTA VERA
PD & CO
PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

APRIL
1956

Vol. 52 No. 4

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR

Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER

Mr. Charles Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

Member 1956

CONTENTS

Scientific Articles

A Community and Its Health Center—Leonard A Scheele, M. D. 97
Chronic Occlusive Disease of the Terminal Aorta—Max Koenigsberg, M. D. 102
A Biochemical Consideration of Schizophrenia—R. F. Krause, M. D., Ph. D. 106
The Medical Staff and Hospital Administration—Walter E. Vest, M. D. 109

Special Articles

Licensure of Foreign-Trained Physicians in West Virginia—Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D. 114
Let's Cut the Cancer Toll—E. V. Kechele, M. D. 118

The President's Page

Medical Examiner's System—Athey R. Lutz, M. D., President, West Virginia State Medical Association 120

Editorials

The 1956 Convention 121
Licensing of Foreign-Trained Physicians 121
Good Deeds Remembered 122
Good Medical Public Relations 123
Biochemistry and Schizophrenia 123

General News

89th Annual Meeting 124
New Manager of VA Hospital 125
GP Meeting at Charleston 126
Physician Named to Council on Education 128

Special Departments

The Month in Washington xxxii
Obituaries xxxiv
County Societies xxxix
Woman's Auxiliary xlii
Book Reviews xliv
Directory of Physicians in Limited Practice liii
Index to Advertisers lvi

ideal endocrine "companion" for menopausal patients

comforts—Controls major symptoms within 6 to 10 days, hot flushes in as few as 3 days.

cheers—Confers a welcome feeling of physical vitality and mental well-being.

compatible—Much less prone to cause the side effects so often experienced with stilbene derivatives.

thrifty—Does "a better job at far less cost" and is "much better to use than any of the so-called naturally conjugated estrogens."*

*Clinton, M., Round Table Discussion: New York J. Med. *54*:481, 1954.
ESTINYL,® brand of Ethinyl Estradiol U.S.P.

EE-J-61 356

KARO® SYRUP . . . meets the need for an easily digested milk modifier

Since the newborn infant has very little ability to digest starchy foods, the carbohydrate requirements of the formula-fed baby are best met with a milk modifier which places a minimum demand on the digestive system.

Karo syrup has been a carbohydrate milk modifier of choice for three generations. Because it is a balanced mixture of dextrins, maltose and dextrose, it enables the feeding of larger amounts of total carbohydrate without producing gastro-intestinal disturbances.

Other characteristics that commend the use of Karo for milk modification are—the ease with which formulas may be calculated or prepared—its ready availability—and its economy. Light or dark Karo syrup may be used interchangeably with cow's milk or evaporated milk and water. Each fluid ounce (2 tablespoonfuls) yields 120 calories of solid nutrition.

1906 • 50th ANNIVERSARY • 1956
CORN PRODUCTS REFINING COMPANY
MEDICAL DIVISION
17 Battery Place, New York 4, N. Y

Throughout the world...

use in millions of cases and reports by thousands of physicians have built confidence in

TERRAMYCIN®

BRAND OF OXYTETRACYCLINE

... well-tolerated, rapidly effective broad-spectrum antibiotic of choice.

Capsules, tablets, taste-tempting liquid forms and special preparations for parenteral, topical and ophthalmic use.

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N. Y.

in arthritis
and
allied disorders...

nonhormonal anti-arthritic

BUTAZOLIDIN®

(brand of phenylbutazane)

relieves pain • improves function • resolves inflammation

Employing the serum protein-polysaccharide ratio (PR) as an objective criterion of rheumatoid activity, it has again been shown that BUTAZOLIDIN "...produces more than a simple analgesic effect in rheumatoid arthritis."[1]

Clinically, the potency of BUTAZOLIDIN is reflected in the finding that 57.6 per cent of patients with rheumatoid arthritis respond to the extent of "remission" or "major improvement."[2]

Long-term study has now shown that the failure rate with BUTAZOLIDIN in rheumatoid arthritis, and particularly in rheumatoid spondylitis, is significantly lower than with hormonal therapy.[3]

(1) Payne, R. W.; Shetlar, M. R.; Forr, C. H.; Hellbaum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. 45:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. 1:168, 1955. (3) Holbrook, W. P.: M. Clin. North America 39:405, 1955.

BUTAZOLIDIN® (brand of phenylbutazone). Red coated tablets of 100 mg.

BUTAZOLIDIN being a patent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before instituting therapy.

GEIGY PHARMACEUTICALS Division of Geigy Chemical Corporation
220 Church Street, New York 13, N. Y.
In Canada: Geigy Pharmaceuticals, Montreal

S1155

Geigy

Upjohn

Ulcer protection that lasts all night:

Pamine* BROMIDE

Tablets

Each tablet contains:
Methscopolamine bromide ..... 2.5 mg.

Average dosage (ulcer):
One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.

Supplied: Bottles of 100 and 500 tablets

Syrup

Each 5 cc. (approx. 1 tsp.) contains:
Methscopolamine bromide ..... 1.25 mg.

Dosage:
1 to 2 teaspoonfuls three or four times daily.

Supplied: Bottles of 4 fluidounces

Sterile Solution

Each cc. contains:
Methscopolamine bromide ..... 1 mg.

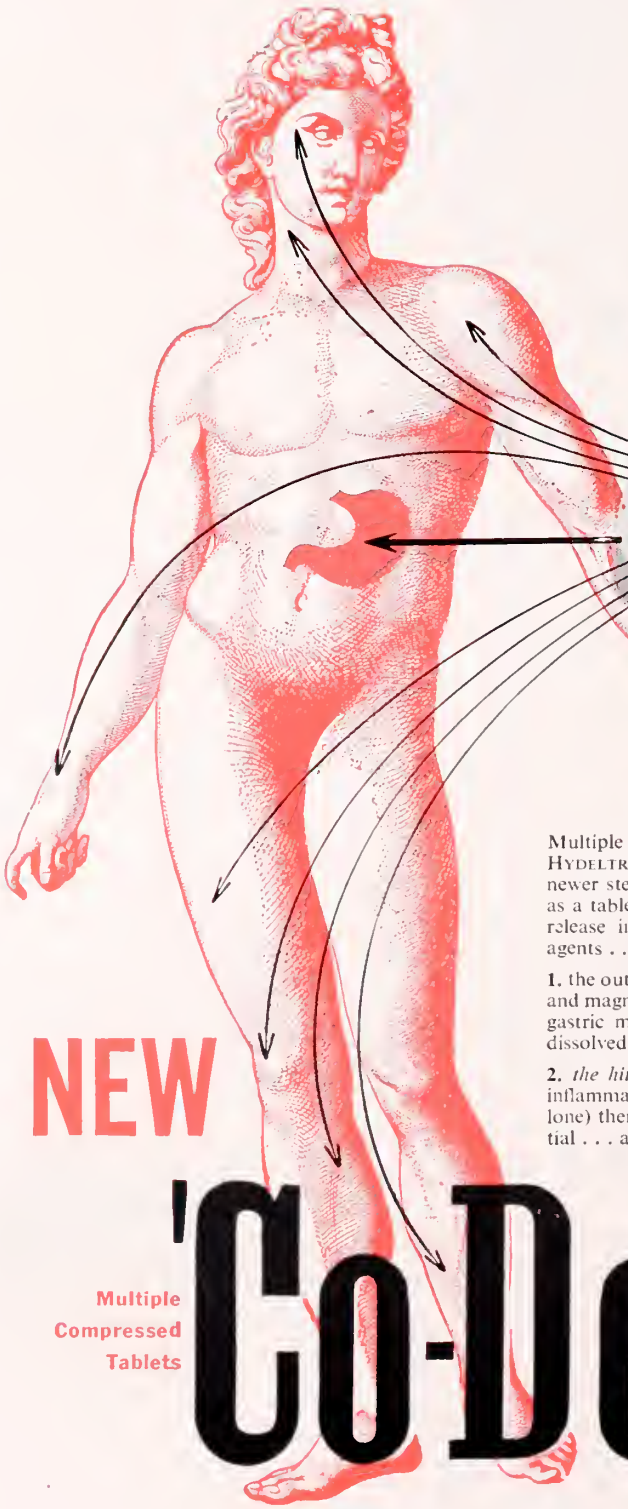
Dosage:
0.25 to 1.0 mg. (¼ to 1 cc.), at intervals of 6 to 8 hours, subcutaneously or intramuscularly.

Supplied: Vials of 1 cc.

*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF METHSCOPOLAMINE

The Upjohn Company, Kalamazoo, Michigan

All the



Multiple Compressed Tablets 'Co-Deltra' and 'Co-Hydeltra' are unique among the dosage forms of the newer steroids, because they are specifically designed as a tablet within a tablet to provide stability and to release in sequence, antacid and anti-inflammatory agents . . .

1. the outer layer of antacids (aluminum hydroxide gel and magnesium trisilicate) comes into contact with the gastric mucosa first . . . and after it is completely dissolved . . .

2. *the hitherto intact inner core* containing the anti-inflammatory agent (either prednisone or prednisolone) then begins to release its full therapeutic potential . . . and not before.

NEW

Multiple Compressed Tablets

'Co-Deltra

Prednisone Buffered

enefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress...

A reportedly higher incidence of gastric distress in patients receiving the newer steroids prednisone and prednisolone indicates the desirability of co-administering non-systemic antacids.[1]

To help the physician cope with this problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids . . . Multiple Compressed Tablets 'Co-Deltra' (Prednisone Buffered) and 'Co-Hydeltra' (Prednisolone Buffered) are now available.

'Co-Deltra' and 'Co-Hydeltra' are now available in bottles of 30 on your prescription. Each Multiple Compressed Tablet contains:

Prednisone or Prednisolone, 5 mg.; 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate.

'Co-Deltra' and 'Co-Hydeltra' are trade-marks of Merck & Co., Inc.

1. Bollet, A. J., Black, R., and Bunim, J. J.: *J.A.M.A.* **158**: 459, June 11, 1955.

Co-Hydeltra'

Prednisolone Buffered

SHARP & DOHME

Philadelphia 1, Pa.
Division of Merck & Co., Inc.

What makes Viceroy different from other filter cigarettes?

The VICEROY filter tip contains 20,000 tiny filters made exclusively from pure cellulose . . . soft, snow-white, natural. This is twice as many filters as the other two largest-selling filter brands.

That is why VICEROY gives you such a fresh, clean taste—that real tobacco taste you miss in other filter brands. No wonder so many doctors now smoke and recommend King-Size VICEROYS.

If it's Viceroy you can tell the difference blindfolded!

King-Size Filter Tip **VICEROY**

New
Evidence
on

Rauwiloid®

confirms and defines superiority over other Rauwolfia preparations in the treatment of HYPERTENSION

- Rauwiloid represents the balanced, mutually potentiated actions[1] of several Rauwolfia alkaloids, of which reserpine and the equally antihypertensive rescinnamine have been isolated.
- Hence, reserpine is not the total active antihypertensive principle of the rauwolfia plant.
- Rauwiloid is freed of the undesirable alkaloids of the whole rauwolfia root. Recent investigations confirm the desirability of Rauwiloid (because of the balanced action of its contained alkaloids) over single alkaloidal preparations; "...mental depression...was...less frequent with alseroxylon..."[2]

The dose-response curve of Rauwiloid is flat, and its dosage is uncomplicated and easy to prescribe...merely two 2 mg. tablets at bedtime.

1. Cronheim, G., and Toekes, I. M.; Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meet. Am. Soc. Pharmacol. & Exper. Therap., Iowa City, Iowa, Sept. 5, 1955.
2. Moyer, J. H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension, II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

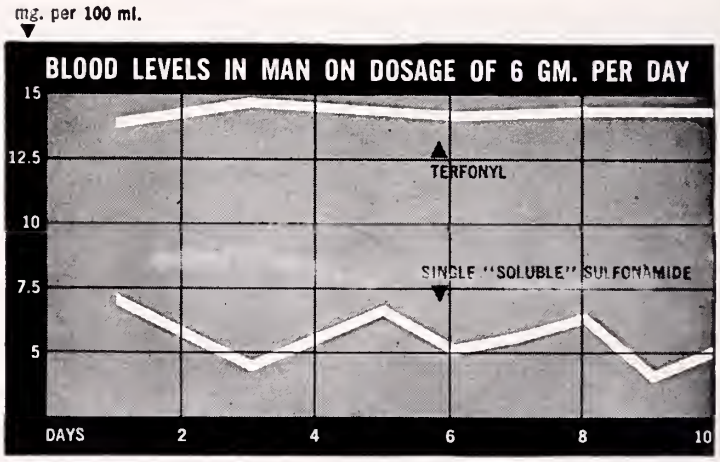
Riker
LOS ANGELES

Rauwiloid is the original alseroxylon fraction of India-grown Rauwolfia serpentina, Benth., a Riker research development.

maximum efficacy with minimum risk

Terfonyl

SQUIBB METH-DIA-MER SULFONAMIDES



— After Lehr, D., Modern Med. 23:111 (Jan. 15) 1956.

Terfonyl is absorbed as well as single "soluble" sulfonamides, but is eliminated at a slower rate. For this reason, Terfonyl blood levels are much higher.

In experimental infections (Klebsiella, Pneumococcus, Streptococcus), Meth-Dia-Mer sulfonamides have been shown to be from three to four times more effective on a weight basis than single "soluble" sulfonamides.

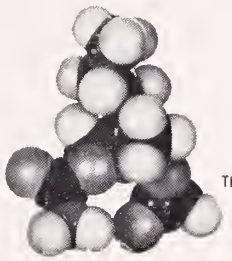
Toxicity is minimal because normal dosage provides only one-third the normal amount of each sulfonamide. The body handles each component as though it were present alone, although therapeutic effects are additive.

Terfonyl Tablets, 0.5 Gm., bottles of 100 and 1000.
Terfonyl Suspension, 0.5 Gm. per 5 ml., pint bottles.

0.167 Gm. each of sulfamethazine, sulfadiazine and sulfamerazine per tablet or per 5 ml. teaspoonful of suspension.

SQUIBB

TERFONYL® IS A SQUIBB TRADEMARK



THE MILTOWN MOLECULE

Two articles in the April 30th issue of The Journal of the AMA[1,2] report on . . .

an entirely new type of tranquilizer with muscle relaxant action—orally effective in

ANXIETY, TENSION and MENTAL STRESS

- no autonomic side effects—well tolerated
- selectively affects the thalamus
- not related to reserpine or other tranquilizers
- not habit forming, effective within 30 minutes for a period of 6 hours
- supplied in 400 mg. tablets. Usual dose: 1 or 2 tablets—3 times a day

1. Selling, L. S.: J.A.M.A. **157**: 1594, 1955. 2. Borrus, J. C.: J.A.M.A. **157**: 1596, 1955.

Miltown®

the original meprobamate—2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U. S. Patent 2,724,720

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

Literature and Samples Available On Request

tolerance . . . . . . *the key to successful* **IRON THERAPY**

Fergon®
IRON WITHOUT IRRITATION

NO NAUSEA
NO ABDOMINAL CRAMPS
NO CONSTIPATION
NO DIARRHEA

higher hemoglobin response

Supplied:

Fergon, tablets of 5 grains, bottles of 100 and 500.

Fergon, tablets of 2½ grains, bottles of 100.

Fergon elixir 6% (5 grains per teaspoonful), bottles of 16 fl. oz.

New
HIGH POTENCY **Fergon Plus Improved Caplets®** (Fergon with vitamin B_{12} and intrinsic factor, folic acid and vitamin C; 2 Caplets = 1 U.S.P. oral unit of antianemia activity), bottles of 100 and 500 easy to swallow Caplets.

Winthrop
LABORATORIES | NEW YORK 18, N. Y.

Fergon (brand of ferrous gluconate) and Caplets, trademarks reg. U.S. Pat. Off.

pronounced

MUSCLE-RELAXING ACTION

Equanil*

MEPROBAMATE

(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)

LICENSED UNDER U.S. PATENT NO. 2,724,720

For significant relief in myositis, osteoarthritis, backstrain, and related conditions marked by:

- ***Muscle spasm***
- ***Stiffness and tenderness***
- ***Restriction of motion***
- ***Pain***

As a superior muscle-relaxant, EQUANIL offers predictable action and full effectiveness on oral administration. It does not disturb autonomic function and is relatively free from gastric and other significant side-effects. Its anti-anxiety property provides important correlative value.

Usual dosage: 1 tablet t.i.d. The dose may be adjusted either up or down, according to the clinical response of the patient.

Supplied: Tablets, 400 mg., bottles of 50.

Wyeth®

Philadelphia 1, Pa.

anti-anxiety factor
with muscle-relaxing action
...relieves tension

for a spastic GUT

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

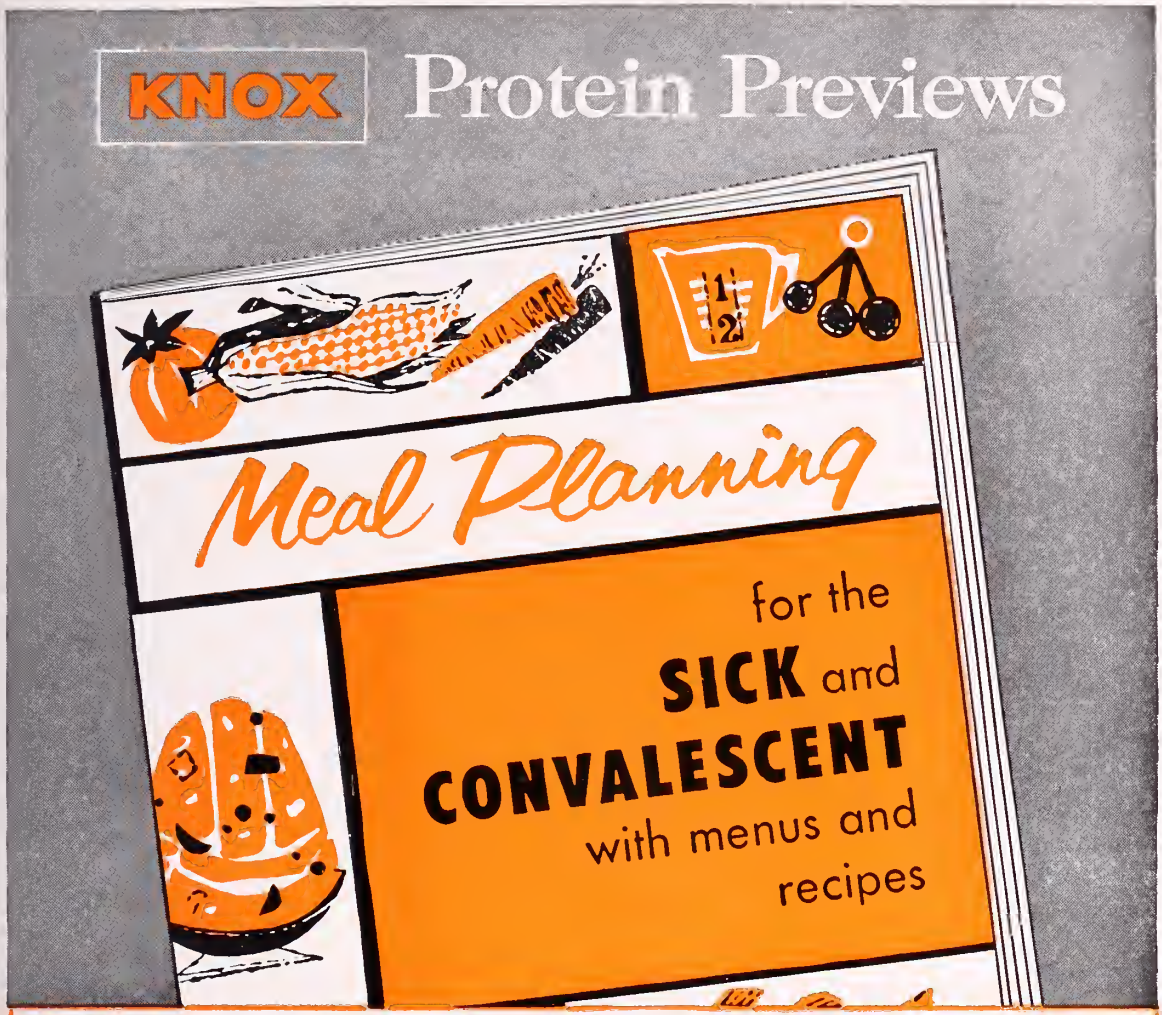
C I B A
Summit, N. J.

Relax the best way
... pause for Coke

continuous quality is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

KNOX Protein Previews



New Booklet Presents Latest Facts on Feeding the Sick

Adequate nutrition during illness and convalescence is essential for recovery whether the patient is managed in the hospital or at home. In the latter case, physicians often must devote much time to instructing those responsible for caring for the sick in good nutritional practices.

"Meal Planning for the Sick and Convalescent" has been designed to relieve you of the need for repeating over and over again essential dietary facts. This new Knox booklet presents in layman's language the latest nutritional applications ot proteins, vitamins and minerals, gives practical hints on serving food to adults and children, suggests ways to stimulate appetite and describes diets from clear liquid to full convalescent. Best of all it offers the homemaker for the first time detailed daily suggested menus for each type of diet, plus 14 pages of tested nourishing recipes.

If you would like copies of this new timesaving Knox booklet for your practice, use the coupon below.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Department SJ-16
Johnstown, N. Y.

Please send me.....copies of the new Knox "Sick and Convalescent" booklet.

YOUR NAME AND ADDRESS

24-hour control

for the majority of diabetics

GLOBIN INSULIN

'B.W. & CO.'®

a clear solution . . . easy to measure accurately

Discovered by Reiner, Searle, and Lang
in The Wellcome Research Laboratories

BURROUGHS WELLCOME & CO. (U.S.A.) INC. • Tuckahoe 7, New York

when the
patient
really needs a
diuretic—

HE NEEDS AN ORGANOMERCURIAL

In those patients with borderline or very mild congestive heart failure who can even get along without diuretic therapy, any agent producing minimal or intermittent diuresis may appear to produce benefit.

But when cardiac decompensation—mild, moderate, or severe—is established, dependable and continuously effective diuresis—obtainable only with potent oral organomercurials—is a therapeutic necessity.

TABLET

NEOHYDRIN®

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

LAKESIDE

89456

Enriched Bread...

in the Ideal Reducing Diet

In reducing, the primary consideration is the establishment of a negative caloric balance as well as the maintenance of an optimal nutritional state in the obese person. For achieving this objective "the ideal reducing diet . . . not necessarily devoid of any food present in the normal diet" includes "meat, poultry, fish, eggs, milk, and other dairy products, leafy green and yellow vegetables, citrus fruits, and enriched and whole grain products . . . all desirable and necessary" foods.*

High in palatability and high in many nutrients, enriched bread shares notably in helping make the reducing regimen appealing and adequate nutritionally. In so doing it helps "to assure weight reduction without irritability and personality change" as well as "to avoid self defeat due to physical weakness and consequent inactivity."* Furthermore, the "ideal reducing diet" makes for increased likelihood of a permanent change from excessive eating to normal food habits "tuned to self control rather than outright abnegation."

The table presented below shows that 4 to 6 average slices of enriched bread serve to good advantage nutritionally in reducing diets. Providing generous amounts of protein, B vitamins, and minerals, enriched bread goes far toward making the low caloric regimen adequate in these nutrients. Its protein, containing an average of 10.5 per cent of milk protein, functions for growth and repair of tissues as well as for maintenance. Fresh or toasted, or as tasty sandwiches, enriched bread provides eating satisfaction, an essential for making the reducing regimen tolerable.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

Contribution of 6 Slices of Enriched Bread

	Nutrients and Calories	Percentages of Allowances**
Protein	11.7 Gm.	18%
Thiamine	0.33 mg.	22
Niacin	3.0 mg.	20
Riboflavin	0.21 mg.	13
Iron	3.3 mg.	28
Calcium (average)	122 mg.	15
Calories	379	13

*Berryman, G. H.: Obesity—A Brief Review of the Problem, Metabolism 3:544 (Nov.) 1954.

**Percentages of daily allowances for fairly active man 45 years of age, 67 inches in height, and weighing 143 pounds: Recommended Dietary Allowances, Washington, D.C., National Academy of Sciences—National Research Council Publication 302, 1953.

Consumer Education Service

WEST VIRGINIA BAKERS ASSOCIATION

in rheumatoid arthritis

METICORTEN
(PREDNISONE)

results—*excellent* · edema—*rare*

Schering

Deformed hands of woman with rheumatoid arthritis before therapy. Unable to open hands.

After two weeks on METICORTEN, *patient is free of pain and can open hands completely.*

Acutely swollen, painful knees in man with rheumatoid arthritis before therapy.

After two weeks on METICORTEN, *swelling of knees is gone and patient can walk without difficulty.*

in corticosteroid therapy permits treatment of more patients

- rarely causes edema or electrolyte side actions
- 3 to 5 times more potent, milligram for milligram, than hydrocortisone or cortisone
- excellent relief of pain, swelling, tenderness; diminished joint stiffness—in rheumatoid arthritis
- excellent relief of bronchospasm, dyspnea, cough; increased vital capacity in asthma
- hormone benefits in respiratory allergies, inflammatory and allergic eye and skin disorders, collagen diseases

METICORTEN is available in 1 mg., 2.5 mg. and 5 mg. white tablets, and as 2.5 mg. and 5 mg. capsules.
METICORTEN,* brand of prednisone. MC-J-614-356 *T.M.

HARD-TO-KILL TRICHOMONADS

EXPLODE

WITHIN 15 SECONDS' CONTACT WITH VAGISEC LIQUID

WITH THE Davis technique,† using VAGISEC® liquid and jelly, flare-ups of vaginal trichomoniasis rarely occur. VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.[1] Better than 90 per cent apparent cures follow use of this new trichomonacide,[2] developed as "Carlendacide" by Dr. Carl Henry Davis, noted gynecologist and author, and C. G. Grand, research physiologist.[3]

No trichomonad escapes — The fast triple action of VAGISEC liquid dooms the trichomonad. Three surface-acting agents combine in synergistic attack,[1] to weaken the cell membrane, to remove waxes and lipid materials from the membrane surface, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

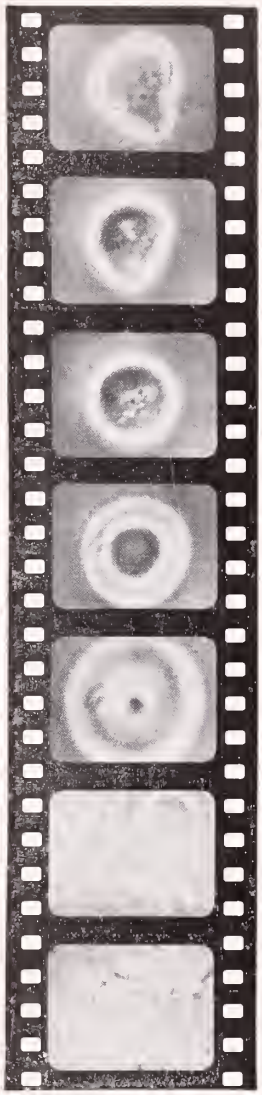
No other agent or combination of agents kills the trichomonad in this specific fashion or with the *speed* of VAGISEC liquid.[3] When the patient uses VAGISEC jelly as well — the recommended routine — these good effects continue indefinitely.[4]

Reaches hidden trichomonads — Unlike many agents, VAGISEC liquid thoroughly penetrates and dissolves the cellular debris and mucoid material lining the vaginal surface.[3] It reaches hidden trichomonads — often the cause of treatment failure — as well as parasites swimming freely in the canal.

The Davis technique — Office therapy with VAGISEC liquid is combined with home treatment. Both liquid and jelly are prescribed.

OFFICE TREATMENT — *Wipe vaginal walls dry with cotton balls, then wash thoroughly for about three minutes with a 1:250 dilution of* VAGISEC *liquid. Remove excess fluid with cotton balls. Dr. Davis recommends three treatments the first week, two the second and one the third.*

HOME TREATMENT — *Patient douches with* VAGISEC *liquid at night and inserts* VAGISEC *jelly every morning except on office treatment days, through two menstrual periods. Douching is contraindicated for pregnant women.*



Top to bottom:
2 sec. CONTACTS
4 sec. COMPLEXES
6 sec. DISSOLVES
8 sec. DENATURES
10 sec. SWELLS
15 sec. EXPLODES
16 sec. SCATTERS

JULIUS SCHMID, INC.
gynecological division
423 West 55th St., New York 19, N. Y.

Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

VAGISEC is a registered trade-mark of Julius Schmid, Inc.

†Pat. App. for

References: 1. Davis, C. H.: J.A.M.A. *157*:126 (Jan. 8) 1955. 2. Davis, C. H.: West. J. Surg. *63*:53 (Feb.) 1955. 3. Davis, C. H., and Grand, C. G.: Am. Jour. Obst. & Gynec. *68*:559 (Aug.) 1954. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, Md., W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33.

"Doctor"

Give Us Your Transportation Worries

OUR BENEFITS
TO YOU ARE
COMPLETE
RELEASE OF CAPITAL

New Automobiles
Any Make

No Worries Over
Taxes . . . Fees
Service Cost
Insurance
Repairs
License Fees
Towing Cost
Anti-Freeze
Battery Replacements
Tire Replacements
Inspection Registration
Fees

Piedmont Plan

FOR THE

MEDICAL
PROFESSION
EXCLUSIVELY

For Most of You, All This
Is 100% Tax Deductible

WE COVER
YOU WITH—
LIABILITY INSURANCE
of, 100,000/300,000
Bodily Injury and
50,000 for Property
Damage

You Are Protected
With 100% Coverage
On Collision, Fire
and Theft Insurance

If your Car
Is Out of Service, You
Are Provided With a
Replacement

All Repairs, Tire &
Battery Replacement
Are Purchased In
Your Home Town

We are as near as your Telephone!

If You Would Like to Have Our Doctor's Leasing Plan Explained to You In Detail,
Please Call or Write. We will Manage to Have One of Our Representatives Call
On You at Your Convenience.

Piedmont

Auto and Truck Rental, Inc.

P. O. BOX 427
DURHAM, NORTH CAROLINA

212 MORGAN STREET
PHONE 2-3905

G. B. Griffith, President

W. A. Gay, Exec. Vice President

All the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress

Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra' are designed to help the physician cope with the problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids prednisone and prednisolone. Each Multiple Compressed Tablet is specifically formulated as a "tablet within a tablet" to provide stability and to release in sequence antacid and anti-inflammatory components.

NEW

'Co-Hydeltra'

Prednisolone Buffered

and

'Co-Deltra'

Prednisone Buffered

MULTIPLE COMPRESSED TABLETS

Supplied: Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra', each containing 5 mg. prednisone or prednisolone, 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate, U.S.P., bottles of 30 tablets.

'Co-Deltra' and 'Co-Hydeltra' are the trademarks of Merck & Co., Inc.

SHARP & DOHME

Philadelphia 1, Pa.
Division of Merck & Co., Inc.

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: ATHEY R. LUTZ, Parkersburg
First Vice President: E. LYLE GAGE, Bluefield
Second Vice President: CHARLES A. HOFFMAN, Huntington
Treasurer: T. MAXFIELD BARBER, Charleston
Executive Secretary: MR. CHARLES LIVELY, Charleston
Ass't. Exec. Sec'y.: MR. WM. H. LIVELY, Charleston

A. M. A. Delegates:
WALTER E. VEST (1956), Huntington
FRANK J. HOLROYD (1957), Princeton

A. M. A. Alternates:
JACOB C. HUFFMAN (1956), Buckhannon
THOMAS G. REED (1957), Charleston

COUNCIL

Chairman: J. P. MCMULLEN, Wellsburg
At Large: RUSSEL KESSEL, Charleston

First District:
GEORGE T. EVANS (1956), Fairmont
D. E. GREENELTCH (1956), Wheeling

Second District:
CHARLES L. LEONARD (1956), Elkins
CARL E. JOHNSON (1957), Morgantown

Third District:
JOHN F. MCCUSKEY (1956), Clarksburg
JACOB C. HUFFMAN (1957), Buckhannon

Fourth District:
RAY H. WHARTON (1956), Parkersburg
FRANCIS L. COFFEY (1957), Huntington

Fifth District:
EVERETT H. STARCHER (1956), Logan
RUSSELL A. SALTON (1957), Williamson

Sixth District:
R. R. SUMMERS (1956), Charleston
PHILIP W. ODEN (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication
Walter E. Vest, Huntington, Chairman; G. G. Irwin, Charleston; R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F. Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgantown.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

W. Va. Acad. of Ophthalmology and Otolaryngology
Henry C. Hays, Williamson, President; William F. Beckner, Huntington, First Vice President — President Elect; W. F. Shirkey, Charleston, Second Vice President; and Frederick C. Reel, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health
Edward V. Henson, South Charleston, Chairman; Guy R. Post, Parkersburg, Vice Chairman; and David C. Prickett, Fairmont, Secretary-Treasurer.

Internal Medicine
Clark K. Sleeth, Morgantown, President; and J. J. Lawless, Morgantown, Secretary.

Neurology, Neurosurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

Orthopedic Surgery
Howard G. Weiler, Wheeling, Chairman; H. M. Hills, Jr., Charleston, Vice Chairman; and George Miyakawa, Charleston, Secretary-Treasurer.

West Virginia Association of Pathologists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

W. Va. Pediatric Society
Thomas G. Potterfield, Charleston, President; Warren D. Leslie, Wheeling, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
J. Dennis Kugel, Charleston, President; J. L. Patterson, Logan, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Charles M. Scott, Bluefield, Chairman; and Kenneth G. MacDonald, Charleston, Secretary-Treasurer.

Urology
Henry M. Escue, Charleston, President; C. A. Hoffman, Huntington, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS

W. Va. Society of Anesthesiologists
Newman H. Newhouse, Charleston, President; David A. Haught, Huntington, Vice President; and Richard A. Rose, Weirton, Secretary-Treasurer.

W. Va. Diabetes Association
Halvard Wanger, Shepherdstown, President; Waldo C. Henson, Charleston, Vice President; and Delmer J. Brown, Parkersburg, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
William E. Bray, Jr., Huntington, President; Clark K. Sleeth, Morgantown, President Elect; R. U. Drinkard, Wheeling, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

Re-activate the arthritic

MOST POTENT ANTI-RHEUMATIC*

Sterane

Even where hydrocortisone, cortisone, and other agents had failed, prednisolone (STERANE) restored articular mobility and functional capacity to normal in rheumatoid arthritis.[1]

Four times more effective than hydrocortisone, and, on the basis of preliminary findings,[2,3] superior in potency even to prednisone (cortisone analog), STERANE is also relatively free of such hormonal side effects as edema, hypertension, or hypopotassemia.

Supplied: White, 5 mg. oral tablets, in bottles of 20 and 100. Pink, 1 mg. oral tablets, in bottles of 100. Both are deep-scored and in the distinctive "easy-to-break" size and Pfizer oval shape.

References: 1. Bunim, J. J., et al.: J.A.M.A. 157:311, 1955. 2. Forsham, P. H., et al.: Paper presented at First Internat. Conf. on Prednisone and Prednisolone, New York, May 31-June 1, 1955. 3. Perlman, P. L., and Tolksdorf, S.: Scientific Exhibit presented at A.M.A. Annual Meet., Atlantic City, June 6-11, 1955.

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

*brand of prednisolone

PROFIT

from our

EXPERIENCE

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE

Your Local Bureau Today Regarding Other Services

Charleston:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

Wheeling:

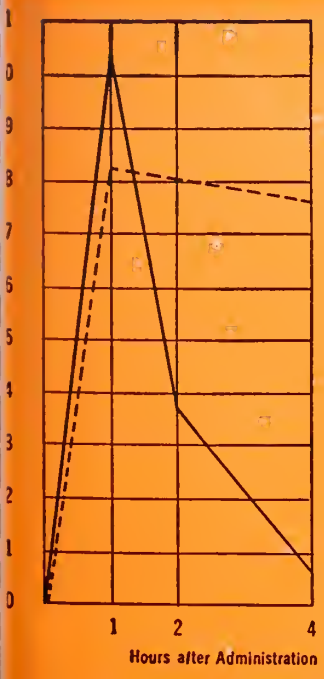
THE MEDICAL-DENTAL BUREAU, INC.

CENTRAL UNION BUILDING
M. O. Bobes-W. H. Hagedorn, Owners
Phone 4250

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Donald R. Roberts	Elkins	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Madison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentrout	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	2nd Tues.
Greenbrier Valley	H. Charles Ballou	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clarksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yoho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnston	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	Charles S. Mahan	Margantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	George L. Armbrecht	Wheeling	W. E. McNamara, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Richard W. Corbitt	Parkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potomac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylor	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

ow! Palatable Oral Suspension Gives
igher, Faster Blood Levels than Twice
e Dose of Injected Procaine Penicillin



—— PEN•VEE• *Suspension*, 300,000 units

- - - - Procaine Penicillin G, 600,000 units (one injection)

This ready-mixed, stable, and pleasantly flavored suspension is supplied as follows: PEN•VEE•*Suspension*, 300,000 units per 5-cc. teaspoonful, bottles of 2 fl. oz. Also available: PEN•VEE•*Oral* Tablets, 200,000 units, scored, bottles of 36; 500,000 units, scored, bottles of 12.

PEN•VEE*• *Suspension*

Benzathine Penicillin V Oral Suspension

ORAL PENICILLIN
WITH
INJECTION PERFORMANCE

Wyeth®
Philadelphia 1, Pa.

*Trademar

prevents postpartum hemorrhage
speeds uterine involution

'Ergotrate Maleate'

(ERGONOVINE MALEATE, LILLY)

. . . produces rapid and sustained contraction of the postpartum uterus

'Ergotrate Maleate' almost completely eliminates the incidence of postpartum hemorrhage due to uterine atony. Administered during the puerperium, 'Ergotrate Maleate' increases the rate, extent, and regularity of uterine involution; decreases the amount and sanguineous character of the lochia; and decreases puerperal morbidity due to uterine infection.

Supplied:

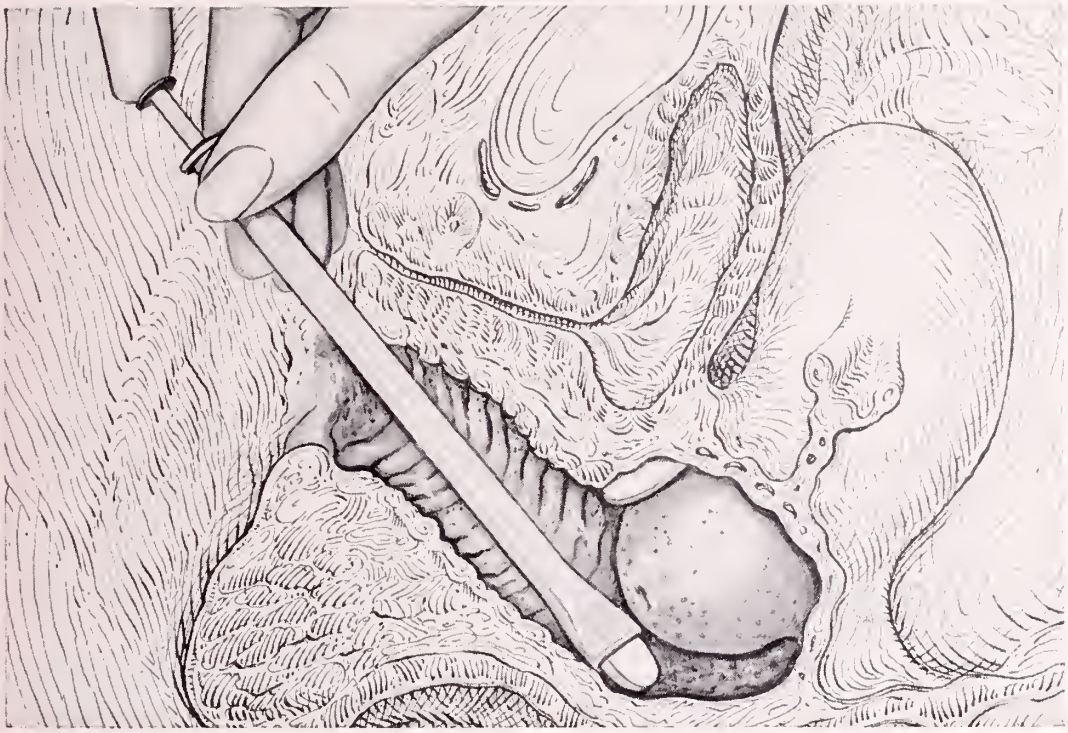
Ampoules of 0.2 mg. in 1 cc.
Tablets of 0.2 mg.

DOSAGE: Generally, 0.2 to 0.4 mg. I.V. or I.M. immediately following delivery of placenta. Thereafter, 0.2 to 0.4 mg. three or four times daily for two weeks.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

659002

FLORAQUIN® VAGINITIS REGIMEN



New Intravaginal Applicator for Improved Treatment of Vaginitis

The restorative treatment of vaginitis with Floraquin is now further improved by a new aid to tablet insertion. Faulty insertion is no longer a failure factor in therapy.

The new Floraquin applicator is designed for simplified insertion of Floraquin tablets by the patient. This plunger device, made of smooth unbreakable plastic, places the Floraquin tablets in the fornices and thus assures coating of the entire vaginal mucosa as the tablets disintegrate. The patient inserts two Floraquin tablets with the applicator in the morning and also two tablets at night, with treatment being continued through at least two menstrual periods. During menstruation it is desirable to increase medication to eight tablets daily to combat the alkalinity of the menstrual flow.

Warm acid douches (2 ounces of 5 per cent acetic acid or white vinegar to 2 quarts of warm water) may be taken as often as desired for hygienic purposes.

Floraquin contains Diodoquin® (diiodohydroxyquinoline, U.S.P.), the safe and effective protozoacide and fungicide. Lactose, anhydrous dextrose and boric acid are included to help restore the normal acid pH of the vaginal secretions. Such an acid vaginal medium then encourages the growth of normal flora and makes the environment unfavorable for pathogens.

A Floraquin applicator is supplied with each box of 50 (a new package size) Floraquin tablets. G. D. Searle & Co., Research in the Service of Medicine.

New Floraquin Applicator and commercial package of 50 Floraquin tablets available on request to . . .

SEARLE

P. O. Box 5110, B
Chicago 80, Illinois

The Month in Washington

A LITTLE-PUBLICIZED study group of eight physicians and scientists has submitted a report to the Secretary of Health, Education, and Welfare that promises to stimulate considerable debate by all interested in medical research, including members of Congress.

The committee was appointed by the National Science Foundation a year ago at the request of former HEW Secretary Hobby for "a critical review" of the scope and distribution of all phases of medical research where U. S. funds are used. Heading the committee was Dr. C. N. H. Long of the Yale University School of Medicine.

Three basic proposals of the committee are as follows:

(1) That research within the National Institutes of Health research be leveled off, and policy and personnel matters there be brought under the scrutiny of an advisory board of non-governmental medical scientists.

(2) That other research under the Public Health Service, including teaching grants to institutions and fellowships, be put under a new Office of Medical Research and Training reporting directly to the HEW Secretary and outside the control of PHS.

(3) That emphasis be placed on general research rather than the present trend of specific grants for specific disease studies, the so-called categorical approach.

Upon receipt of the report, Secretary Folsom promised it would be studied "intensively" both by HEW and PHS officials, but set no time deadlines.

Recommendations of Committee

On its first point the committee said NIH is making a major contribution in medical research and that senior appointments there should actually become "the most sought after in the country." It suggested legislation that would permit employment of research scientists at the Institute without regard to commissioning in the PHS Corps or salary limitations imposed by civil service.

On its second basic proposal, the committee recommended that the new agency have authority over (a) unrestricted, long-term institutional grants, (b) grants for research, both categorical and non-categorical, (c) fellowships and traineeships in medical and related areas, and (d) grants for construction of research and teaching facilities.

Commenting on the categorical approach to research, the committee said the public has been "led to believe, consciously or unconsciously, that the donation of sufficient sums of money is all that is needed to eradicate diseases which have plagued mankind for centuries."

• **From the Washington office of the American Medical Association.**

In Congress, any move away from categorical grants in medical research is certain to produce fireworks.

Military Medical Legislation

Two bills on military medical legislation went through the House without change following detailed hearings and study by a subcommittee. The expectation is that action on them will not be long delayed in the Senate.

One is designed to make military medical careers more attractive by allowing credit for time spent in medical school and internship, and setting up a series of three $50 per month raises after three, six and 10 years' service. These would be in addition to the present $100 per month special pay for medical officers. Public Health Service medical officers would benefit, as well as those in Army, Navy and Air Force.

The other bill well on its way to becoming law allows dependents of servicemen to receive private hospital and medical care, with the government paying the costs of the insurance or health plan coverage and the dependent the first $25 of the hospital bill.

Miscellaneous

Some of the pharmaceutical houses have told Secretary Folsom that they plan to use more personnel and equipment to step up production of Salk vaccine, but his expectation still is that it will be "many months" before there will be enough vaccine for three shots for "all who need them."

Almost all medical programs handled by U. S. Public Health service are virtually assured of comfortable increases in money for the next fiscal year. The House approved recommendations of its Appropriations Committee without change. The only large reduction was $19 Million in money for the Hill-Burton hospital construction program, the committee explaining that this action was taken because the "new" Hill-Burton program (for clinics, chronically ill hospitals, nursing homes, rehabilitation centers) is getting off to a slow start.

A new suggestion for helping to pay for medical care comes from Rep. Charles S. Gubser (R., Calif.). He is proposing that full income tax deductions be allowed for all medical expenses of children under six years of age.

All the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress

Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra' are designed to help the physician cope with the problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids prednisone and prednisolone. Each Multiple Compressed Tablet is specifically formulated as a "tablet within a tablet" to provide stability and to release in sequence antacid and anti-inflammatory components.

NEW

'Co-Hydeltra'

Prednisolone Buffered

and

'Co-Deltra'

Prednisone Buffered

MULTIPLE COMPRESSED TABLETS

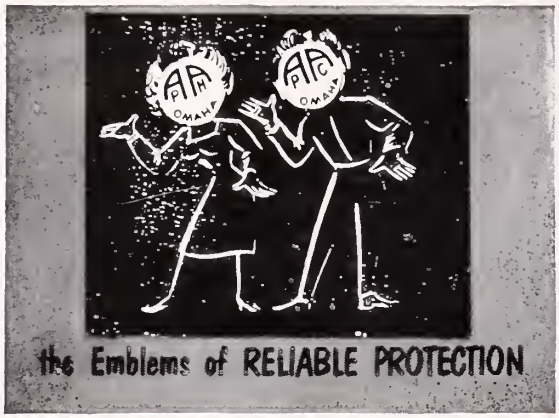
Supplied: Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra', each containing 5 mg. prednisone or prednisolone, 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate, U.S.P., bottles of 30 tablets.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

'Co-Deltra' and 'Co-Hydeltra' are the trademarks of MERCK & CO., INC.

WE CORDIALLY INVITE YOUR INQUIRY
for application for membership which affords protection against loss of income from accident and sickness (accidental death, too) as well as benefits for hospital expenses for you and all your eligible dependents.



SINCE
1902

ALL PREMIUMS COME FROM

PHYSICIANS
SURGEONS
DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$22,500,000 PAID FOR BENEFITS

PHYSICIANS CASUALTY
AND
HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

OBITUARIES

JAMES RICHARD BROWN, M. D.

Dr. James Richard Brown, 55, prominent surgeon of Huntington, died March 2, 1956.

He was born in Hinton, March 11, 1905, son of the late Mr. and Mrs. Euel A. Brown. He was a graduate of John Marshall Military School and the University of Richmond, and received his M. D. degree from the Medical College of Virginia in 1929.

He interned at St. John's Hospital, Cleveland, Ohio, 1929-30, and served a residency there, 1930-31. He was licensed to practice in West Virginia in 1931, and located at Huntington the following year, where he continued in active practice until his death.

For several years, he was associated with the late Dr. Robert J. Wilkinson in the practice of his specialty of surgery, but in recent years had been associated with Dr. I. Ewen Taylor.

Doctor Brown served in the Navy during World War II and for five years after the Armistic was signed. For two years during his service in the Navy, he was assigned to the battleship North Carolina. When he was released to inactive duty in 1951, he held the rank of Commander (MC), USNR.

He was a member of the Cabell County Medical Society, the West Virginia State Medical Association, the American Medical Association, the American College of Surgeons and the International College of Surgeons. He served as president of his local society in 1949.

He is survived by his widow, Bertha (Ingle) Brown; two daughters, Mrs. Don Watts of Huntington and Mrs. D. M. Ryan of Ponca City, Oklahoma; a son, James Richard Brown, Jr., now with the Air Force at Great Lakes, Illinois; and three brothers, all of whom are physicians, Dr. Boyd F. and Dr. Frank A. Brown of Huntington, and Dr. Leland C. Brown of Staunton, Virginia.

* * * *

HARRY GREENE CAMPER, M. D.

Dr. Harry Greene Camper, 69, of Welch, died at his home in that city, February 17, 1955, following a long illness.

Doctor Camper was born at Salem, Virginia, June 29, 1886. He received his M. D. degree from Baltimore Medical College in 1912, and interned at Welch Emergency Hospital. He served a residency in surgery at that hospital, 1913-14.

He was licensed to practice medicine in West Virginia in 1912, and had practiced his specialty of surgery continuously in Welch since 1913. He was one of the founders of Stevens Clinic Hospital. He served as county health officer of McDowell County from 1913 to 1928. He had served as president of the Public Health Council (now Medical Licensing Board).

Doctor Camper was president of the Norfolk and Western Railway Physicians and Suregons Association in 1940.

He was an honorary member of the McDowell County Medical Society, the West Virginia State Medical Association, and the American Medical Association. He was a past president of his local society.

Besides his widow, he is survived by a son, Harry G. Camper, Jr., of Welch.

* * * *

EDWIN A. DAVIS, M. D.

Dr. Edwin A. Davis, 78, of Charleston, died at his home in that city, March 8, 1956, following an illness of several months' duration.

Doctor Davis was born in Mathews County, Virginia, and graduated from the William and Mary College at Williamsburg. He received his M. D. degree in 1899 from University College of Medicine, Richmond (now Medical College of Virginia).

Immediately after his graduation from medical school. Doctor Davis located for practice at Mammoth in Kanawha County. He moved to Charleston in 1908 and remained in active practice as a member of the staff of Charleston General Hospital until 1954, when he retired on account of ill health.

He was honored by being presented with a bronze plaque at one of a series of postgraduate lectures at the Charleston General Hospital on December 10, 1955 in recognition of more than 50 years active practice in the Kanawha area.

He was an honorary member of Kanawha Medical Society, the West Virginia State Medical Association and the American Medical Association. He was also a member of the West Virginia Chapter of the American Academy of General Practice.

He is survived by three daughters, Mrs. H. D. Fontaine and Mrs. Dorothy Donnally, both of Charleston, and Mrs. Mary Bogle of West Chester, Pennsylvania; also surviving are five grandchildren and five great-grandchildren.

* * * *

NORMAN GOAD, M. D.

Dr. Norman Goad, 70, of Strange Creek, Braxton County, died March 8, 1956, in a hospital at Gassaway following a long illness.

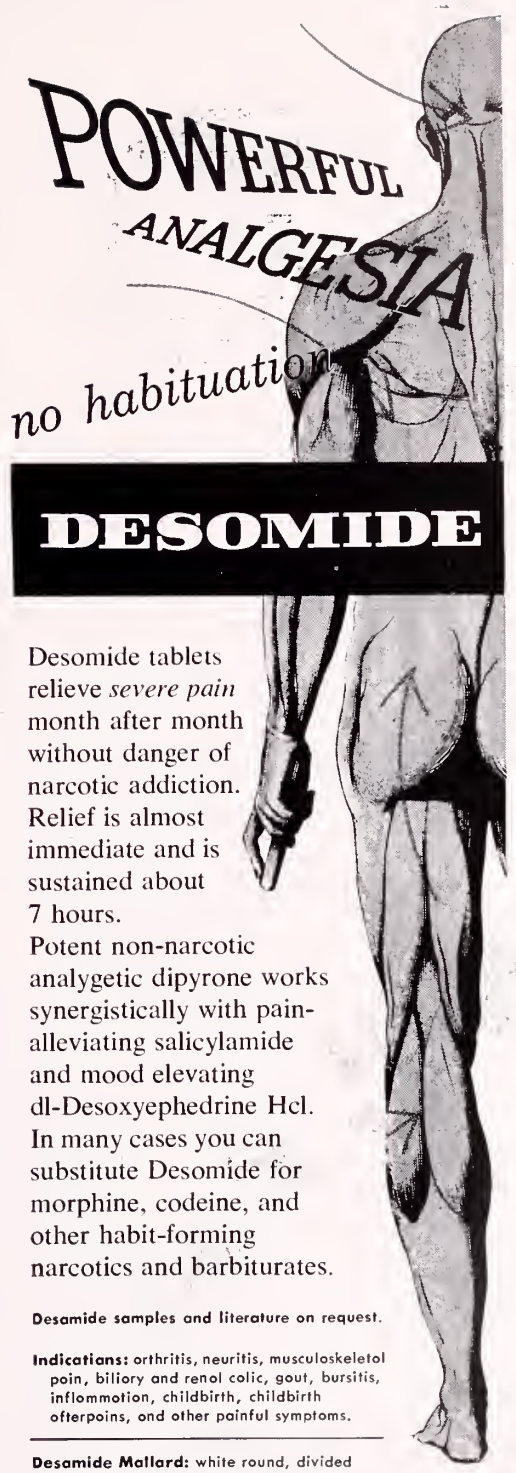
Doctor Goad graduated from Valpariso University in Indiana and received his M. D. degree from Chicago College of Medicine and Surgery in 1909. He was licensed to practice medicine in West Virginia that same year and located at Strange Creek, where he remained in practice until his death.

He is survived by his wife, Alice (Houghton) Goad, five daughters, Mrs. Mary Calhoun of Gassaway, Mrs. Bessie Magoun of Chicago, Illinois, and Misses Anne Belle, Irma Jean and Opal Ruth Goad, all at home; one son, Normal Robert Goad at home; and one sister, Mrs. Nettie Duvall of Strange Creek.

* * * *

OLIN M. GOODWIN, M. D.

Dr. Olin M. Goodwin, 40, prominent otolaryngologist of Fairmont, died in a hospital in that city, February



Desomide tablets relieve *severe pain* month after month without danger of narcotic addiction. Relief is almost immediate and is sustained about 7 hours.
Potent non-narcotic analygetic dipyrone works synergistically with pain-alleviating salicylamide and mood elevating dl-Desoxyephedrine Hcl. In many cases you can substitute Desomide for morphine, codeine, and other habit-forming narcotics and barbiturates.

Desamide samples and literature on request.

Indications: orthritis, neuritis, musculoskeletol poin, biliory and renol colic, gout, bursitis, inflommotion, childbirth, childbirth ofterpoins, and other painful symptoms.

Desamide Mallard: white round, divided toblet contoining Dipyrone 100 mgs., Salicylomide 100 mgs., dl Desoxyephedrine Hcl 1.5 mgs. AVAILABLE: Bottles, 100, 1000.

There's always a Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

The New

ORI-HIST

BROWN AND ORANGE CAPSULES

(EXEMPT NARCOTIC)

Each Capsule contains:

Thenylpyramine Hydrochloride	10 mgs.
Dover's Powder	¼ gr.

Warning: May be habit forming.

(Representing Po. Ipecac 1/40 gr. and Po. Opium 1/40 gr.)

Acetophenetidin	1½ gr.
Camphor Monobromated	¼ gr.
Aspirin	2 gr.
Caffeine Citrated	¼ gr.
Atropine Sulfate	1/500 gr.

ANTIHISTAMINIC - ANALGESIC COMPOUND

For the relief of nasal symptoms of a cold, and aches and pains accompanying a cold.

Adult Dose: 1 or 2 capsules every 2 hours for 3 doses, then 1 every 3 or 4 hours. Not more than 10 capsules should be taken in any 24 hour period.

•

"28 Years of Service 1928-1956"

•

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

28, 1956. He suffered a heart attack in November, and had been in a serious condition for several weeks.

Doctor Goodwin was born at Mannington, June 21, 1915, son of the late Rev. Claude E. and Nancy Ann (Loar) Goodwin. He attended public schools in Fairmont, Huntington and Buckhannon and graduated from Buckhannon High School. He had his pre-medical education at West Virginia Wesleyan College in Buckhannon, and graduated from the Medical College of Virginia in 1941. He served his internship at the University of Virginia Hospital and was licensed to practice in West Virginia in 1942.

Upon the completion of his internship, he accepted a commission as a flight surgeon in the USAF, and was released in 1946.

Upon his release from the service, he located at Galloway, where he remained in general practice for two years, when he accepted a residency in otolaryngology at the State University of Iowa Hospital in Iowa City.

Doctor Goodwin located at Fairmont in March, 1953, where he was associated with Dr. K. L. Van Horn, with offices at 1200 Locust Avenue.

He was a member of the Marion County Medical Society, the West Virginia State Medical Association and the American Medical Association. He was a fellow of the American College of Surgeons and also a fellow of the American Academy of Ophthalngology and Otolaryngology.

He is survived by his widow, the former Helen McWhorter of Buckhannon; three children, Nancy, Billy and Sara Beth; a sister, Mrs. Nancy Duvall, of Chevy Chase, Maryland; and four brothers, C. Elbert, of Ripley, David L., of Massena, N. Y., George D., of Stockton, California, and Claude Goodwin, of Bridgeport, West Virginia.

* * * *

JOSEPH ARTHUR GUTHRIE, M. D.

Dr. Joseph Arthur Guthrie, 77, of Huntington, died February 26, 1956 in his apartment at the Guthrie Hospital in that city. Death was attributed to a heart attack.

Doctor Guthrie was born at Athens, Ohio, son of the late George P. and Esther (Martin) Guthrie. He received his early education in the public schools at Athens and taught school for one year there after his graduation in 1897. He later attended Ohio University, at Athens, and received his M. D. degree from the College of Physicians and Surgeons, Baltimore, in 1903, being licensed to practice in West Virginia that same year.

He served his internship at Mercy Hospital, in Baltimore, and did postgraduate work there and at hospitals in Chicago, the Mayo Clinic in Rochester, Minnesota, and the New York Postgraduate Medical School. He practiced in Ravenswood, 1903-04, and had been actively engaged in the practice of his specialty of general surgery in Huntington since 1944.

He established the Guthrie Hospital in Huntington in 1912, and operated the same until his death.

Doctor Guthrie was a member of the Cabell County Medical Society, the West Virginia State Medical As-

sociation, the American Medical Association, and the International College of Surgeons.

He was a past president of the Cabell County Medical Society and was the first president of the West Virginia Hospital Association. He had held honorary membership in his local society, the State Medical Association, and the AMA since 1954.

Besides his widow, he is survived by two sons, Dr. Joseph A. Guthrie, Jr., of San Francisco, now serving in the Medical Corps of the United States Air Force at Westover, Massachusetts, and Dr. William W. Guthrie of Huntington; one daughter, Mrs. Harlan Smith of Minneapolis, Minnesota; a sister, Mrs. B. F. Ackley of Marion, Ohio; and a brother, E. Ray Guthrie of Phoenix, Arizona.

* * * *

RUSSELL SHELTON HAMRICK, M. D.

Dr. Russell Shelton Hamrick, 56, of St. Albans died in a Cincinnati Hospital, February 29, 1956, where he had been undergoing treatment for heart disease.

Doctor Hamrick was born at Ivydale, in Clay County, son of Emma Hamrick of St. Albans, and the late Dr. Robert A. Hamrick, who practiced for several years at Clay.

He received his M. D. degree from the University of Louisiana School of Medicine in 1925. He located at St. Albans that same year, and remained in general practice there until a short time before his death.

He was a member of the Kanawha Medical Society, the West Virginia State Medical Association and the American Medical Association.

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

Upjohn

KALAMAZOO

Indicated in most conditions in which oral cortisone or hydrocortisone is effective

• Available in 1 mg. and 2.5 mg. tablets in bottles of 100, and in 5 mg. tablets in bottles of 30, 100, and 500.

Usual dosage is ½ to 1 tablet three or four times daily

Delta-Cortef*

requires only 1/3 the dose of hydrocortisone

*Trademark for the Upjohn brand of prednisolone (delta-l-hydrocortisone)

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all-purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A. Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

Besides his wife and mother, he is survived by three daughters, Mrs. Jack W. Thompson of Hawaii, Miss Jane Hamrick of New York City, and Miss Susan Hamrick, at home; three sisters, Mrs. P. J. Weis, of Miami, Florida, Mrs. James Bowyer of Charleston, and Mrs. Edwin Treanor of St. Albans; and two brothers, Dr. R. E. Hamrick of Charleston and Dr. E. A. Hamrick of Clay.

* * * *

STANLEY RAY WHITE, M. D.

Dr. Stanley Ray White, 56, of Bruceton Mills, died unexpectedly on February 19, 1956, at St. Francis Hospital in Pittsburgh.

Doctor White was born on White Creek, in Wetzel County, son of the Late Edward E. and Rosa May (Lemmon) White.

He graduated from West Virginia University in 1922 and received his M. D. degree from the University of Tennessee School of Medicine in 1925. He was licensed in West Virginia in 1926, locating at Bruceton Mills, where he engaged in general practice until his death.

Doctor White served in the United States Army during World War I. He was a member of the Preston County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

His only survivor is his wife, Ruth, of Bruceton Mills.

You can't do today's job with yesterday's tools and stay in business tomorrow.—Anon.

"The substitution of oral Neohydrin for parenteral meralluride was successfully accomplished in 97 per cent of 70 ambulatory clinic out-patients with chronic congestive heart failure."*

*Lawrence, W. E.; Kohn, S. S., and Riser, A. B.: South. M. J. 47:105, 1954.

98656

COUNTY SOCIETIES

BARBOUR-RANDOLPH-TUCKER

Dr. Delbert C. Smith of Fairmont was the guest speaker at the regular monthly meeting of the Barbour-Randolph-Tucker Medical Society, held February 16 at St. John's Church in Parsons. His subject was, "Gastric Surgery."

The speaker presented cases with x-ray and pathological illustrations, giving observations of surgical judgment. He discussed briefly gastric and duodenal diverticuli, and said that duodenal ulcer is primarily a medical problem except for cardinal indication of perforation, intractability, hemorrhage and obstruction.

Dr. Ernest Guy of Philippi was elected a member of the Society at a short business session held following the scientific program.

Dr. Donald R. Roberts, the president, presided at the meeting, and the speaker was presented by Dr. Guy H. Michael, Jr.—A. C. Thompson, M. D., Secretary.

* * * *

FORT HENRY ACADEMY OF MEDICINE

Dr. Stanley O. Hoerr, of the Department of Surgery at the Cleveland Clinic, Cleveland, Ohio, was the guest speaker at the regular meeting of the Fort Henry Academy of Medicine at the Elks Club in Wheeling on Tuesday evening, February 28. His subject was, "Surgical Diseases of the Pancreas."—Warren D. Leslie, M. D., Secretary.

* * * *

FAYETTE

Dr. Donald R. Gilbert of Charleston, was the guest speaker before the January meeting of the Fayette County Medical Society, held at the Oak Hill Country Club. His subject was, "Common Urinary Tract Infections."

At the business meeting following the scientific program it was announced that Dr. Reece R. Boone of Montgomery, was relocating at Mooreland, Oklahoma, and that he had therefore tendered his resignation as president of the Society. Dr. C. W. Stallard, Jr., also of Montgomery, was named to succeed him as president.

Dr. Lewis R. Elias of Montgomery, was elected to membership, and approval given to the transfer of membership of Dr. Claude Frazier, formerly of Ansted, to the Cabell County Medical Society.

Dr. Fred T. Edmunds of Charleston, was the guest speaker before the monthly meeting of the Fayette County Medical Society, held at the Glen Ferris Inn, February 6. His subject was, "Idiopathic Vaginal Bleeding."

Dr. Joe N. Jarrett of Oak Hill, was named chairman of the Public Relations Committee, and he and Dr. R. M. German, Jr., were appointed members of a committee to investigate malpractice insurance.

A motion to donate the sum of $30.00 to the Woman's Auxiliary for the purchase of subscriptions to Today's Health to be distributed locally was carried unanimously.

Dr. William C. Morgan, Jr., of Charleston, was the guest speaker at a meeting of the Fayette County Medical Society held at the White Oak Country Club, March 6. His subject was "A Lump in the Neck."

The speaker discussed the diagnosis and treatment of lumps which may appear in the neck, and also stressed the importance of adequate examination so that any serious condition might be discovered in its early stages and proper treatment undertaken.

Dr. Diego Nunnari of Oak Hill was elected to membership in the Society.—R. DeWitt Peck, M. D.

* * * *

KANAWHA

Dr. James T. Sites of Washington, D. C., Associate Professor of Obstetrics and Gynecology at George Washington University School of Medicine, was the guest speaker before the Kanawha Medical Society at the monthly meeting held February 14, 1956, at Charleston. His subject was, "The Toxemias of Pregnancy."

At the business meeting following the scientific program the following physicians located in Charleston

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

If It's

SURGICAL-MEDICAL SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. **CINCINNATI 2, OHIO**

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randalph L. Andersan, M. D.
Gearge R. Callender, M. D.
Haward A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Jael Allen, M. D.
Ophtholmology
Ralph S. McLaughlin, M. D.
Endoscopy ond Chest Surgery
Haven M. Perkins, M. D.
Generol Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Littan, M. D.
Pediotricion
Mary V. Gallagher, M. D.
Medicol House Physicion
Arthur K. Lamptan, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy ond Otoloryngology
James T. Spencer, M. D.
Pothology
Walter G. J. Putschar
Administrotor
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Secand and Third Tuesday
Of Each Manth
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia ***Telephone WI 9-4842***

were elected to membership: William A. Cracraft, Edward G. Lewis, Edwin R. McCoy, and Joseph M. Straughan.

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association paid his official visit to Kanawha Medical Society at a meeting at the Daniel Boone Hotel in Charleston on March 13. The speaker discussed interestingly some of the major problems that face the State Medical Association at the present time and outlined a program for the solution of some of them during the current year.

Doctor Lutz said that the Blue Cross-Blue Shield plans in the state are being studied by a joint committee set up by the State Medical Association, the West Virginia Hospital Association and representatives of both service plans.

Dr. Logan W. Hovis of Parkersburg, president of the West Virginia Chapter, American Academy of General Practice, also spoke briefly at the meeting. He outlined the program for the annual meeting of the Chapter in Charleston, April 14-15.

At the business meeting following the speaking program, the Society unanimously indorsed a resolution calling for an investigation of so-called "cures" attributed to the leader of a local religious cult in Charleston. The resolution had been drafted by the Council of the Society at an earlier meeting of that group.—Carl B. Hall, M. D., Secretary.

McDOWELL

Dr. David M. Wayne of Bluefield, was the guest speaker before the regular monthly meeting of the McDowell County Medical Society held February 8 in the Appalachian Community Room, at Welch. His subject was, "Religion and Mental Health."

The formal address was followed by an interesting discussion of several ministers present at the meeting. The thought was expressed that the local ministers, with a better understandng and full cooperation on the part of the hospitals in Welch, could be of much greater service to patients in the community.

Dr. G. L. LeBeau, Jr., the vice president, presided at the meeting, and the speaker was introduced by Dr. Ray E. Burger.—F. L. Johnston, M. D., Secretary.

* * * *

PARKERSBURG ACADEMY

The Parkersburg Academy of Medicine and the Washington County (Ohio) Medical Society held a joint meeting at the Parkersburg Country Club on March 1. Dr. Richard W. Corbitt of Parkersburg, president of the Academy, presided at the meeting.

The guest speaker was Dr. Lauren Ackermann, Professor of Surgical Pathology and Pathology at Washington University School of Medicine, St. Louis, Missouri. He presented an interesting paper on "Certain Aspects of Malignant Melanoma."

More than 50 persons attended the meeting, which

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Ronkin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Souder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wonner, M. D.

Roentgenology:
William K. Kolbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

was preceded by a social hour.—William E. Gilmore, M. D., Secretary.

* * * *

SUMMERS

The regular monthly meeting of the Summers County Medical Society was held at the Hinton Hospital, in Hinton, March 14, 1956. The principal item for discussion at the business meeting was the adoption of a Constitution and By-Laws for the Society, and it was reported that the final draft will probably be ready for submission at the next meeting.—B. W. McNeer, M. D., Secretary.

* * * *

WYOMING

At a joint meeting of the Wyoming County Medical Society and Auxiliary held at the Wyoming Hotel in Mullens on March 4, the Society voted to donate $300 to the Auxiliary's 1957 scholarship loan fund.

The fund was established by the Auxiliary this year in an effort to promote nursing as a career for young people.

It was ordered that hereafter meetings of the Society are to be held on alternate months instead of quarterly as in the past. Dr. Mario Cardenas of Mullens was elected to membership.

A film, "Fractures About the Elbow," was shown during the meeting.—George F. Fordham, M. D. Secretary.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street — Charleston, W. Va.

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. Paul P. Warden, Grafton
President Elect: Mrs. J. E. Spargo, Jr., Wheeling
First Vice President: Mrs. George T. Evans, Fairmont
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Lynwood D. Zinn, Clarksburg
Fourth Vice President: Mrs. John F. Morris, Huntington
Treasurer: Mrs. George Miyakawa, Charleston
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. R. D. Stout, Grafton
Parliamentarian: Mrs. J. Preston Lilly, Charleston

BARBOUR-RANDOLPH-TUCKER

Mrs. Walter E. Schlabach of Philippi was the guest speaker before the regular monthly meeting of the Auxiliary to the Barbour-Randolph-Tucker Medical Society, held at Parsons, February 16.

The program was presented at the home of Dr. and Mrs. Guy H. Michael following a joint dinner meeting with the members of the Society at St. John's Methodist Church.

Mrs. Schlabach spoke most interestingly concerning the experiences of Doctor Schlabach and herself as medical missionaries in Ethiopia for five years.—Mrs. Franklin B. Murphy, Correspondent.

* * * *

CABELL

The regular monthly luncheon meeting of the Woman's Auxiliary to the Cabell County Medical Society was held on February 14 at the Hotel Frederick, in Huntington. The guest speaker was Colonel Edgar M. Sites, State Director of Civil Defense, and he discussed the part West Virginia is playing in the civil defense program.—Mrs. Joseph M. Farrell, Correspondent.

Babies Not Stupid

I advise my young mothers to let the baby belch after feeding, change his diaper, and place him in bed wide awake. Some state that if the baby goes to sleep while feeding, she would not dare to awaken him, but would put him down and slip out of the room. This is courting trouble.

Just as the baby that is rocked to sleep requires rocking when he wakes up, so the baby that is fed to sleep demands to be fed when he awakens. He is not hungry but wants to return to the satisfactory situation he was enjoying when he went to sleep.

Personally, I think he would be a little stupid if he did not expect this and it is my opinion that the average baby is far from being stupid. In fact, if we could understand them as well as they understand us, our problems would be minimal.—Hugh Kennedy, M. D., in J., Med. Assn., Alabama.

All the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress

Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra' are designed to help the physician cope with the problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids prednisone and prednisolone. Each Multiple Compressed Tablet is specifically formulated as a "tablet within a tablet" to provide stability and to release in sequence antacid and anti-inflammatory components.

NEW

'Co-Deltra'

Prednisone Buffered

MULTIPLE COMPRESSED TABLETS

and

'Co-Hydeltra'

Prednisolone Buffered

Supplied: Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra', each containing 5 mg. prednisone or prednisolone, 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate, U.S.P., bottles of 30 tablets.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

'CO-DELTRA' and 'CO-HYDELTRA' are the trademarks of MERCK & CO., INC.

BOOK REVIEWS

DISEASES OF THE CHEST—H. Corwin Hinshow, M. D., Ph. D., Clinicol Professor of Medicine, ond L. Henry Gorlond, M. B., B.Ch., Clinicol Professor of Rodiology, Stonford University School of Medicine, Son Froncisco, Colifornio. Pp. 727, with 634 illustrotions on 277 figures. Philodelph'o & London: W. B. Sounders Compony. 1956. Price $15.00.

Physicians familiar with the work of Corwin Hinshaw in the clinical development of the chemotherapy of tuberculosis expect excellence in all of his manuscripts, books and reports, and certainly this inclusive work, "Diseases of the Chest", is no exception. As emphasis to the complete interdependence of roentgenologist and clinician in this phase of medicine, Dr. L. Henry Garland, Professor of Radiology at Stanford University, appears as co-author.

No one in the private practice of medicine today can be interested in just pulmonary tuberculosis alone. He also must be familiar with all types of chest diseases for accurate diagnosis and proper treatment. In this seven-hundred-page book only 115 pages are devoted to tuberculosis. The book provides up to date information on thoracic disorders which are most likely to be encountered by practitioners. It appears at a time when chest disorders are being treated more and more outside of sanatoria.

At the beginning of each chapter there is an outline showing not only the subject material, but the order in which it appears. The statements are to the point and as direct as possible. The section dealing with tuberculin testing is especially clear and emphasizes the increasing importance of this diagnostic procedure. Occasionally space seems wasted in dealing with unsupported theories, but I feel sure that the purpose was to avoid questions from less experienced readers.

The sections on emphysema and industrial diseases of the chest could be read profitably by every practitioner. While they contain no startling new revelations both sections are remarkable in clarity as well as inclusiveness. It is to be regretted that the section on fungus diseases does not include more information, but this is probably due more to dearth of material on the subject than to omissions by the authors.

This entertaining volume on "Diseases of the Chest" can well be the reference book in this field for any physician.—W. L. Cooke, M. D.

* * * *

PATHOLOGIC PHYSIOLOGY—Mechonisms of Diseose. Edited by William A. Sodemon, M. D., F. A. C. P., Professor of Medicine ond Choirmon of the Deportment of Medicine, School of Medicine, University of Missouri, Columbio, Mo. Second Edition. Pp. 963, with 173 illustrotions. Philodelphio ond London: W. B. Sounders Compony. 1956. Price $13.00.

The approach in this edition from that of the first is unchanged: problems of disease are discussed from the standpoint of altered physiology. Doctor Sodeman,

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A. Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

with the aid of 28 collaborators, has maintained the basic plan of analyzing signs and symptoms and clarifying the mechanism of their development with respect to pathologic physiology. Many topics have been revised and new material added, including chapters on Genetics, Growth and Neoplasis, and the Nervous System.

The book is organized into 12 parts with major emphasis on the Circulatory System, Respiratory System, Digestive System, Urinary Tract, Blood and Spleen, and Metabolism and the Endocrine Glands. Each disease entity is not treated thoroughly with respect to etiology, pathology and treatment, but an attempt is made to explain the basic underlying disease processes in order to clarify the clinical findings. In this respect this book seems to fill the obvious gap between the so-called preclinical subjects of Physiology and Pathology and Clinical Medicine.

The book is highly recommended for all physicians and students seeking a well written and authoritative treatise on the basic mechanisms of disease.—Frank A. Carone, M. D.

* * * *

PHYSICIANS FEDERAL INCOME TAX GUIDE, 1956 EDITION—By Hugh J. Campbell and James B. Liberman. Edited by Henry F. Schereff. Pp. 94. Channel Press, Inc., Great Neck, New York. 1955. Price $2.50.

While under two per cent of the roughly 60,000,000 federal income tax returns are filed by physicians, their professional circumstances differ enough from

"Neohydrin... offers the striking advantage of a high degree of therapeutic effectiveness upon oral administration."*

*Krantz, J. C., Jr., and Carr, C. J.: The Pharmacologic Principles of Medical Practice, ed. 3, Baltimore, The Williams and Wilkins Company, 1954, p. 998.

98556

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board — Charles L. Anderson, M. D., Clinical Director

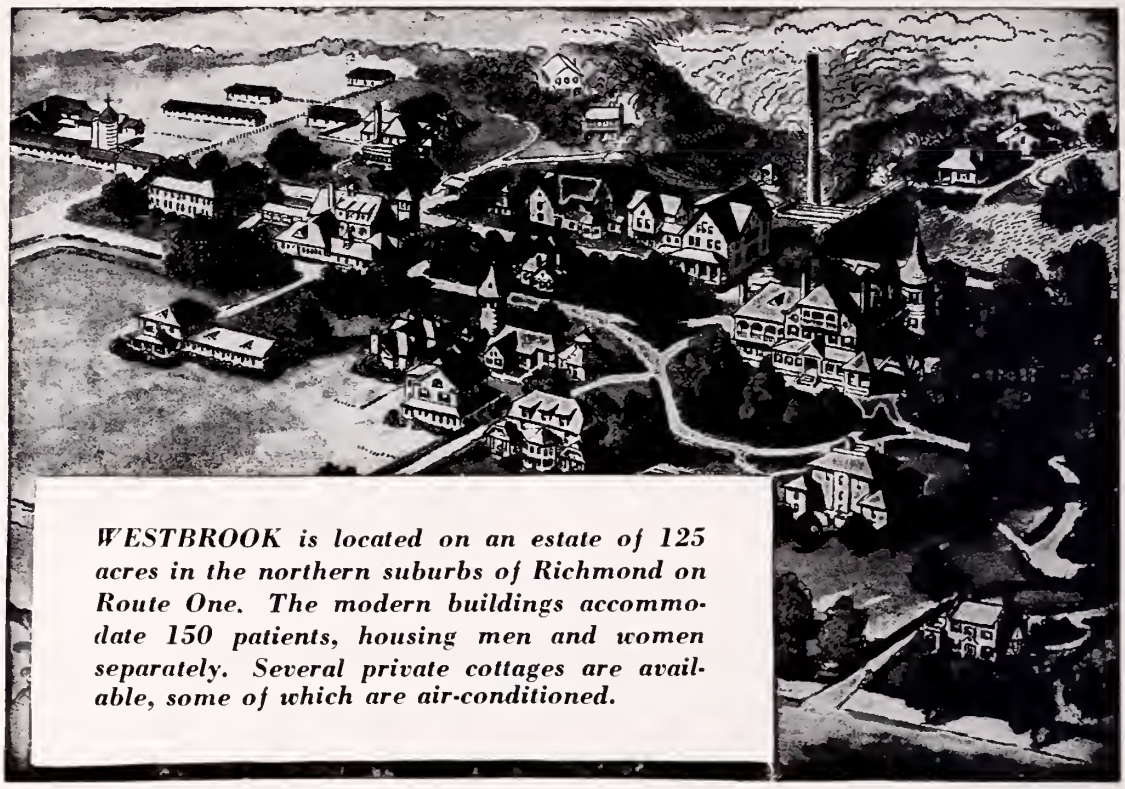
L. Harold Caviness, M. D. — J. Russell Frantz, M. D. — Charles W. Harding, M. D.

Theodore J. Lukens, M. D. — Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

WESTBROOK SANATORIUM . . . Richmond, Virginia

Established 1911



WESTBROOK is located on an estate of 125 acres in the northern suburbs of Richmond on Route One. The modern buildings accommodate 150 patients, housing men and women separately. Several private cottages are available, some of which are air-conditioned.

STAFF

PAUL V. ANDERSON, M. D.
President

REX BLANKINSHIP, M. D.
Medical Director

JOHN R. SAUNDERS, M. D.
Associate

THOMAS F. COATES, M. D.
Associate

JAMES K. HALL, JR., M. D.
Associate

R. H. CRYTZER
Administrator

A PRIVATE psychiatric hospital for the treatment of nervous and mental disorders and the problems of addiction.

The modern diagnostic and treatment procedures include electro-shock, insulin, psychotherapy, occupational and recreational therapy.

WESTBROOK SANATORIUM

P. O. Box 1514 RICHMOND, VIRGINIA *Phone 5-3245*

Brochure of Views and Literature Sent on Request

those of the ordinary business man to make worthwhile a book devoted to their special problems.

The information in the preface dealing with how to use the guide and how returns are audited might apply to any taxpayer, as indeed does the rest of the book. However, the examples cited are in terms and situations that will be familiar to all doctors.

The book is in logical sequence starting with page one, item one, of Form 1040 (U. S. Treasury Department Internal Revenue Service) and running through the form in an orderly fashion.

Ten useful checklists of depreciations, deductions, taxes and the like are included. Inside the front and back covers is a time-saver guide and index to deductions, exemptions, credits and non-taxable income. Such aids would definitely be useful to a physician preparing his own Form 1040.

The book fails to identify the authors and editor except by name so the reader might well wonder how qualified they are to tackle the subject. In general, the guide answers the questions that arise in filing federal income tax returns for 1955. It can be recommended as being as clear and precise as the subject of income tax permits—Walter E. Vest, Jr., M. D., Denver, Colorado.

* * *

BICKMAN-CALLANDER SURGERY OF THE ALIMENTARY TRACT —By Richard T. Shockelford, M. D., Professor of Surgery, John Hopkins University School of Medicine, assisted by Hommond J. Dugan, M. D., Assistant in Surgery, John Hopkins University School of Medicine. Pp. 2,575 (Volumes I through III), with 1,705 illustrations. Philadelphia and Landon: W. B. Saunders Compony. 1955. Price $60.00 per set.

A year's experience with these three volumes has revealed that the books are extremely useful in many ways. Each surgical problem is dealt with from the standpoint of anatomy, physiology, pathology, etiology, signs and symptoms, clinical course, diagnosis, and the various forms of surgical treatment. The anatomical charts and diagrams are excellent. The physiology is concise and pertinent.

The author is open-minded and presents all sides of controversial methods of treatment, yet he is decisive in describing his own feelings in the selection of a given form of therapy. I found the sections on the various surgical procedures applicable to peptic ulcer very interesting and helpful.

These three volumes are ideally suited for the practicing surgeon in areas removed from teaching centers in that a handy, concise resume of current surgical thought is readily available.—Edgar F. Heiskell, Jr., M. D.

BOOKS RECEIVED

CIBA FOUNDATION SYMPOSIUM ON EXPERIMENTAL TUBERCULOSIS—Bocillus and Host.—Edited by G. E. W. Wolstenholme, O.B.E., M.A., B.Ch., ond Morgoret P. Comeron, M.A., A.B.L.S., ossisted by Cecilia M. O'Connor, B.Sc. Pp. 396 with 69 illustrotions. Little, Brown ond Compony. Boston. 1955. Price $9.00.

HANDBOOK OF TOXICOLOGY—Acute Toxicities of Solids, Liquids ond Goses to Loborotory Animols—Edited by Williom S. Spector ond prepored under the direction of the Committee on Handbook of Biologicol Doto, Division of Biology ond Agruculture; The Nationol Acodemy of Sciences; The Notionol Reseorch Council. Volume I. Pp. 408. Philadelphio ond London: W. B. Sounders Compony. 1956. Price $7.00.

EVERY WOMAN
WHO SUFFERS
IN THE
MENOPAUSE
DESERVES
"PREMARIN"®

widely used
natural, oral
estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5646

The Bells Are Ringing

In cities, towns and villages all over America, the ringing of church bells one day in April will mark the launching of the annual Cancer Crusade of the American Cancer Society. At the same time, in many doctors' offices, the staccato ring of door and telephone bells will mark the success of a major objective of the Society.

"Fight Cancer with a Checkup" is the American Cancer Society's immediate, short-range answer to the terrible toll of lives taken each year by this dread disease. It is to your office that the Society is urging the public to go for the periodic examinations that can mean the early detection and prompt treatment of cancer, and could prevent thousands and thousands of needless deaths.

Achievement of our ultimate goal — the conquest of cancer — will be largely determined by the response to our plea to "Fight Cancer with a Check". This year the Society needs $26,000,000 to carry on its vital program of education, research and service.

"Fight Cancer with a Checkup and a Check" — a winning combination. With your support and the cooperation of the public, the sound of victory will one day ring through the land.

American Cancer Society ®

specify

Lederle

POLIOMYELITIS
IMMUNE GLOBULIN
(human)

For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New York

CHRISTOPHER'S TEXTBOOK OF SURGERY—Edited by Loyal Davis, M. D., Chairman, Department of Surgery, Northwestern University Medical School, Chicago, Illinois. Pp. 1,484, with 1,359 illustrations on 716 figures. Sixth Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $15.50.

CURRENT THERAPY 1956—Edited by Howard F. Cann, M. D. Consulting Editors: George E. Burch; M. Edward Davis; Vincent J. Derbes; Garfield G. Duncan; Hugh J. Jawett; Perrin H. Long; H. Houston Merritt; Paul A. O'Leary; Walter L. Palmer; Hobart A. Reimann; Cyrus C. Sturgis; and Robert H. Williams. Pp. 632. Philadelphia and London: W. B. Saunders Company. 1956. Price $11.00.

A MODERN PILGRIM'S PROGRESS FOR DIABETICS—Garfield G. Duncan, M. D., Clinical Professor of Medicine, Jefferson Medical College, and Director of the Medical Division, Pennsylvania Hospital and Benjamin Franklin Clinic, Philadelphia. Pp. 222. Philadelphia and London: W. B. Saunders Company. 1956. $2.50.

Physical Medicine and Rehabilitation

There is now great national interest in the rehabilitation of chronically ill patients who were previously sent to county homes, poorhouses, homes for the incurable, or to back bedrooms, to vegetate and die. Properly organized services in physical medicine and rehabilitation can accomplish miracles in the prevention of such tragic happenings.

Modern medicine has gone beyond the mere saving of lives, and it is now the responsibility of the physician not only to add years to life but also to add life to years. Physicians in other branches of medicine should realize that the psychiatrist, without interfering with their own special interests, can help them to bring happiness and self-sufficiency to many of their chronically ill or seriously disabled patients.—Frank H. Krusen, M. D., in Pennsylvania Medical Journal.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

♦

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

♦

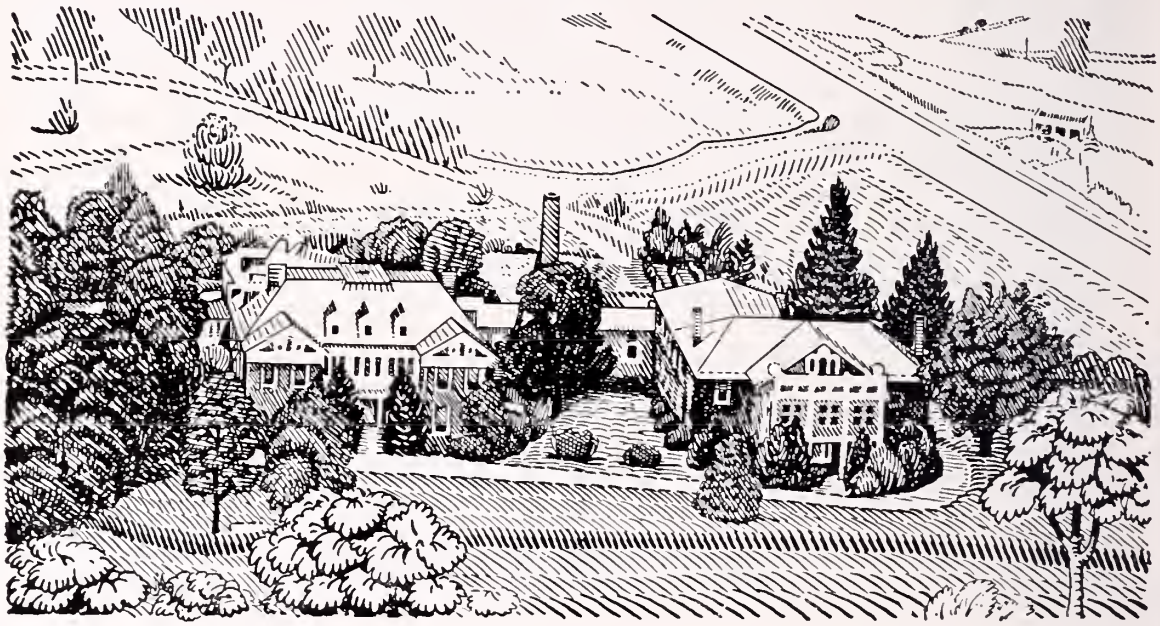
840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITA

RADFORD, VIRGINIA



STAFF

James P. King, M. D.
Director

James K. Morrow, M. D. Thomas E. Painter, M. D. Daniel D. Chiles, M. D.
James L. Chitwood, M. D., Medical Consultant. Clara K. Dickinson, M. D.

Affiliated Clinic Offering Psychiatric and Psychological Evaluation and Therapy:

BLUEFIELD MENTAL HEALTH CENTER
1400 Bland Street
Bluefield, W. Va.
David M. Wayne, M. D., Director

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D.

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Rager S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

your key

mutual understanding .....

to the best medical service

Yes, doctor, the best medical service is based on friendly, mutual understanding between doctor and patient. To help you create better public relations, the American Medical Association is making available—as a service to its members—an attractive new plaque to be displayed on an office desk or wall. This plaque will open the door to better relations with your patients because it encourages questions regarding professional services and fees. Price is one dollar—order yours today. Fill out the coupon and send to *order department*

AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn St., Chicago 10, Ill.

price $1 postpaid

Send me ___ "To All My Patients" plaques.

name _____

address _____

city _____ ( ) *state* _____

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directary af Physicians in Limited Practice may be had by cammunicating with Mr. Charles Lively, Business Manager af the West Virginia Medical Jaurnal, Bax 1031, Charlestan 24, W. Va. The cast is ane dallar per manth, ar ten dallars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board af Otolaryngology
Haurs by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy af Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board af Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board af Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

(This Space for Sale)

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!
for your reception room

Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

APRIL ADVERTISERS

Ames Company Inc. — *Inside Back Cover*
Ayerst Laboratories — xlvii

Broaddus Hospital — xliv
Burroughs-Wellcome — xx

Charleston Engraving Company — xlii
Ciba Pharmaceutical Products — xviii
Coca-Cola Co. — xviii
Corn Products Sales Co. — vi

Daniel Boone Hotel — li

Feick Brothers — xxxvii

Geigy Pharmaceuticals — viii

Harding Sanitarium — xlv

Keeley Institute — xxxix
Kloman Instrument Company, Inc. — xxxviii
Knox Gelatine Co. — xix

Lakeside Laboratories — xxi, xxxviii, xlv
Lederle Laboratories — 112, 113, xlix
Lilly, Eli and Company — *Front Cover*, xxx

Mallard, Inc. — xxxv
Marmet Hospital — xl
McMillen Sanitorium — xlix
Mead Johnson & Company — *Back Cover*
Medical Arts Supply Co. — xxxvi
Myers Clinic — li

Parke, Davis & Company — ii, iii
Patton Adjustments — lvi
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. — vii, xxvii
Physicians Casualty Association — xxxiv
Physicians & Dentists Business Bureau — xxviii
Piedmont Auto & Truck Rental, Inc. — xxiv

Riker Laboratories — xiii

St. Albans Sanitarium — l
Schering — v, *Insert*
Schmid, Julius, Inc. — xxiii
Sharp & Dohme, Inc. — x, xi, xxv, xxxiii, xliii
Searle, G. D. & Company — xxxi
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. — xiv

Upjohn — ix, xxxvii

Viceroy Cigarettes — xii

Wallace Laboratories — xv
Westbrook Sanitorium — xlvi
West Virginia Bakers Association — xxii
Wheeling Clinic — xli
White Cross Hospital — lii
Winthrop Laboratories, Inc. — xvi
Wocher's — xl
Wyeth, Inc. — xvii, xxix

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

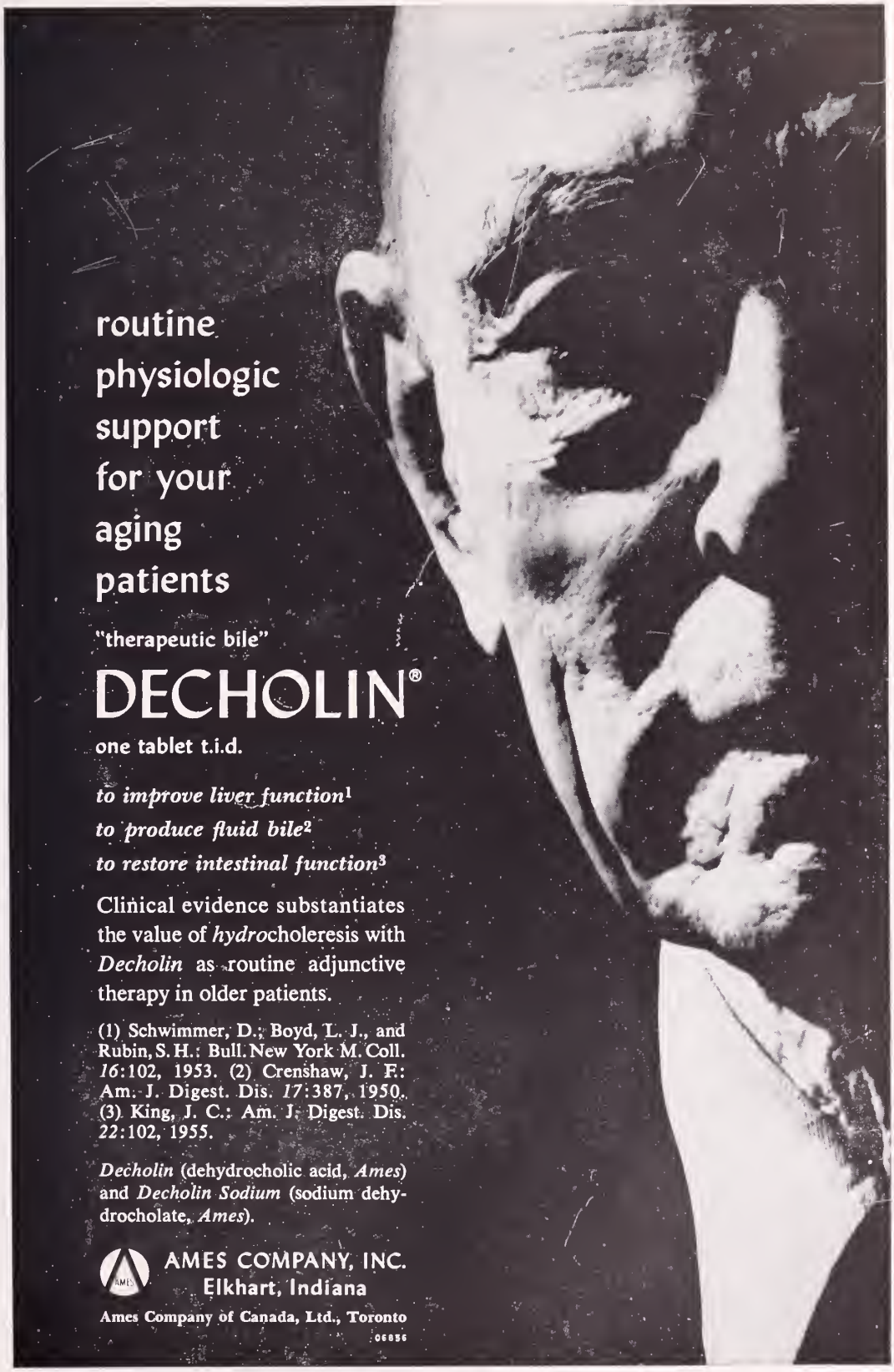
And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager — CHARLESTON, WEST VIRGINIA — TELEPHONE 27-158


routine
physiologic
support
for your
aging
patients
"therapeutic bile"
DECHOLIN®
one tablet t.i.d.
to improve liver function[1]
to produce fluid bile[2]
to restore intestinal function[3]
Clinical evidence substantiates the value of hydrocholeresis with Decholin as routine adjunctive therapy in older patients.
(1) Schwimmer, D.; Boyd, L. J., and Rubin, S. H.: Bull. New York M. Coll. 16:102, 1953. (2) Crenshaw, J. F.: Am. J. Digest. Dis. 17:387, 1950. (3) King, J. C.: Am. J. Digest. Dis. 22:102, 1955.
Decholin (dehydrocholic acid, Ames) and Decholin Sodium (sodium dehydrocholate, Ames).
AMES COMPANY, INC.
Elkhart, Indiana
Ames Company of Canada, Ltd., Toronto
06856

New...improved...

"instant"

Olac®

Powdered high protein formula

is easier to use

New, improved Olac dissolves instantly with water...makes a smooth, good-tasting formula with the briefest shaking or stirring.

...provides satisfying, growth-promoting feedings for

- full term bottle-fed babies
- prematures
- supplementary feedings of breast-fed babies

Olac's milk protein content is exceptionally generous. Its fat is a single highly refined vegetable oil. Curd tension is now reduced practically to zero.

Mead products and services are designed to help you in the varied phases of infant feeding

MEAD

SYMBOL OF SERVICE IN MEDICINE

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

ACKS

Greenbrier, Aug. 23-25, 1956; 89th Annual Meeting

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 5
MAY, 1956
Single Copy, 50c
Per Year, $3.50

In This Issue . . .

DISEASES OF THE CHEST

Original Articles Presented
Before the 1955 Meeting
of the
POTOMAC CHAPTER, ACCP

COMPLETE CONTENTS ON PAGE IV
INDEX TO ADVERTISERS ON PAGE LXII

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Fastest and shortest-acting oral barbiturate

COLLEGE OF PHYSICIANS OF PHILADELPHIA
LIBRARY
MAY 18 1956

Seconal Sodium'
(SECOBARBITAL SODIUM, LILLY)

Among its many uses:
- Simple insomnia
- Unruly pediatric patients
- Obstetric patients
- Procedures associated with moderate pain

In 1/2, 3/4, and 1 1/2-grain pulvules and in ampoules, suppositories, and 'Enseals' (Timed Disintegrating Tablets, Lilly); also, Elixir 'Seconal' (Secobarbital, Lilly).

Lilly

622005

good medicine for sick youngsters

Suspension Chloromycetin® Palmitate

pleasant-tasting Chloromycetin for pediatric use

Your young patients won't hit the war path at medication time when the prescription calls for SUSPENSION CHLOROMYCETIN PALMITATE. Its appealing custard flavor rates it as "good medicine" with the most rebellious braves.

Good medicine, too, for a wide variety of infections in infancy and childhood, CHLOROMYCETIN (chloramphenicol, Parke-Davis) affords rapid recovery and speedy convalescence.

Because of its liquid form, dosage of SUSPENSION CHLOROMYCETIN PALMITATE is easily adjusted. That it needs no refrigeration is an additional convenience to every harassed mother.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

supplied: SUSPENSION CHLOROMYCETIN PALMITATE, containing the equivalent of 125 mg. of Chloromycetin in each 4 cc., is available in 60-cc. vials.

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

50027

MAY
1956

Vol. 52 No. 5

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Assaciatian

Box 1031 Charleston 24, W. Va.

EDITOR

Walter E. Vest, M. D.
Huntingtan

MANAGING EDITOR AND BUSINESS MANAGER

Mr. Charles Lively
Charlestan

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Margantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50c per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625

Member 1956

CONTENTS

Scientific Articles

Morphological Changes in Tuberculosis—M. L. Hobbs, M. D. 131
Pulmonary Manifestations of Some Systemic Diseases—Harold S. Pettit, M. D. 138
Cancer of the Larynx—Sobisca S. Hall, M. D. 144
The Incidence of Emotional Illness in Coal Miners in West Virginia—Ralph H. Nestmann, M. D. 149
Biopsy of the Lung and Pleura—Otto C. Brantigan, M. D. 153

The President's Page

Public Relations in Blue Cross-Blue Shield—Athey R. Lutz, M. D., President, West Virginia State Medical Association 156

Editorials

The University Medical Center Library 157
HR 7225 Dead of Just Asleep? 158
Health Needs and the New Medical Center 158
Doctor's Day . . . Once A Year 159
An Invitation from the AMA 159

General News

Program Completed for 89th Annual Meeting 160
AMA Conference and Field Trip 161
C. M. Scott, M. D., New Head, W. Va. Chap., ACS 162
Diamond Jubilee for Public Health 162
Regional GP Meeting in Parkersburg 163
Proposed Amendment to Constitution 166

Special Departments

The Month in Washington xxxvi
Obituaries xxxvii
County Societies xl
Woman's Auxiliary xliv
Correspondence xlvi
Directory of Physicians in Limited Practice lix
Index to Advertisers lxii

HydroCortone® -T B A

(HYDROCORTISONE TERTIARY-BUTYLACETATE, MERCK)

gives the arthritic patient more days of freedom from joint symptoms—in many patients the anti-rheumatic effect persists 2 to 10 times longer than after injection of hydrocortisone acetate. Its action is local and without systemic effect.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

SUPPLIED: SALINE SUSPENSION HYDROCORTONE TBA 25 MG. CC., VIALS OF 5 CC

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

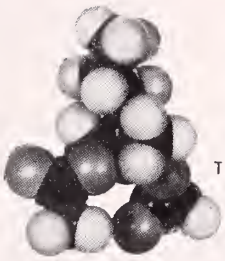
15¢ Bottle of 24 tablets (2½ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION

of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.



THE MILTOWN MOLECULE

the tranquilizer with NO KNOWN CONTRA-INDICATIONS ideal for prolonged therapy

- Effective in anxiety, tension and muscle spasm
- Well tolerated—not habit forming—essentially non-toxic
- Does not produce depression
- Orally effective within 30 minutes for a period of 6 hours
- Supplied in 400 mg. tablets. Usual dose: 1 or 2 tablets—3 times a day

Miltown®

the original meprobamate—2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

Literature and Samples Available on Request

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

brand

POLYMYXIN B—BACITRACIN OINTMENT

to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.

For ophthalmic use: in ⅛ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

in rheumatoid arthritis

continuing benefits

for successful corticosteroid therapy

METICORTELONE*

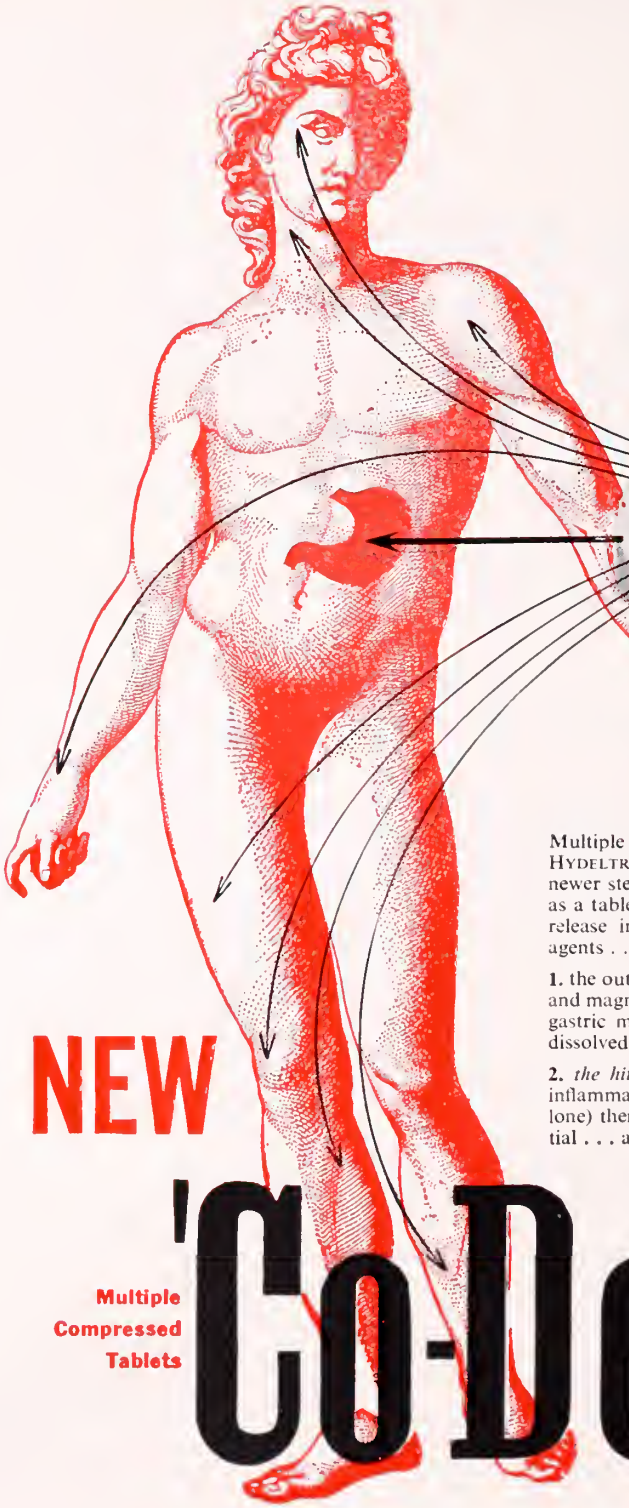
(PREDNISOLONE)

- therapy usually undisturbed by sodium retention, edema, weight gain
- excellent relief of arthritic pain, swelling, tenderness
- spares patients salt-poor diets
- up to 5 times as potent as hydrocortisone

Available as 1, 2.5, and 5 mg. tablets; 2.5 and 5 mg. capsules

METICORTELONE,* brand of prednisolone. *T. M. ML-J-66-256

Schering



All the

Multiple Compressed Tablets 'Co-DELTRA' and 'Co HYDELTRA' are unique among the dosage forms of th newer steroids, because they are specifically designe as a tablet within a tablet to provide stability and t release in sequence, antacid and anti-inflammator agents . . .

1. the outer layer of antacids (aluminum hydroxide ge and magnesium trisilicate) comes into contact with th gastric mucosa first . . . and after it is completel dissolved . . .

2. *the hitherto intact inner core* containing the anti inflammatory agent (either prednisone or predniso lone) then begins to release its full therapeutic poten tial . . . and not before.

NEW

Multiple Compressed Tablets

'Co-Deltra

Prednisone Buffered

enefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress...

A reportedly higher incidence of gastric distress in patients receiving the newer steroids prednisone and prednisolone indicates the desirability of co-administering non-systemic antacids.[1]

To help the physician cope with this problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids . . . Multiple Compressed Tablets 'Co-Deltra' (Prednisone Buffered) and 'Co-Hydeltra' (Prednisolone Buffered) are now available.

'Co-Deltra' and 'Co-Hydeltra' are now available in bottles of 30 on your prescription. Each Multiple Compressed Tablet contains:

Prednisone or Prednisolone, 5 mg.; 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate.

'Co-Deltra' and 'Co-Hydeltra' are trade-marks of Merck & Co., Inc.

1. Bollet, A. J., Black, R., and Bunim, J. J.: *J.A.M.A.* **158**: 459, June 11, 1955.

Co-Hydeltra'

Prednisolone Buffered

SHARP & DOHME

Philadelphia 1, Pa.
Division of Merck & Co., Inc.

DOCTORS EVERYWHERE NOW KNOW WHY

Viceroys Are Smoother

Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as many filters as the other two largest-selling filter brands. That is why Viceroys are smoother by far—never, never rough. That is why so many doctors now smoke and recommend Viceroys.

Yes, smoother taste because there are

TWICE AS MANY FILTERS IN EVERY VICEROY TIP

as the other two largest-selling filter brands!

Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!

Reduces Muscular Tension

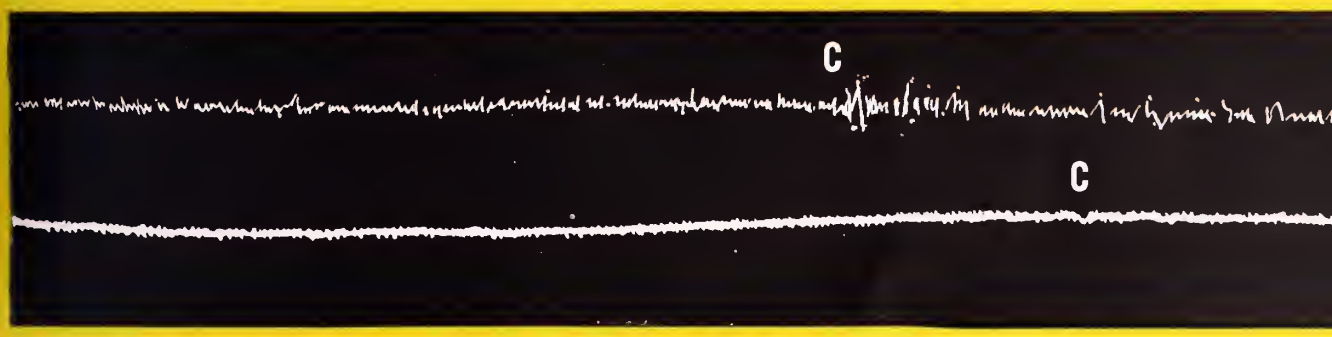
Equanil*

MEPROBAMATE

(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)

Licensed under U.S. Patent No. 2,724,720

Electromyography shows decisive response



Electromyographic study of neuromuscular hyperactivity in 42-year-old male with anxiety-tension syndrome. A, Before EQUANIL; action potential of high amplitude and frequency. B, After one week of ambulatory treatment with EQUANIL; showing definite reduction in tension, greater ability to relax, and marked improvement in muscular coordination. C, Point where patient makes effort to relax.[1]

The remarkable effectiveness of EQUANIL may be demonstrated in two ways. One is by its ability to relieve muscle spasm and neuromuscular tension.[1] The second is by its ability to relieve mental tension and anxiety.

Usual dosage: 1 tablet t.i.d. The dose may be adjusted either up or down, according to the clinical response of the patient.

Supplied: Tablets, 400 mg., bottles of 50.

1. Dickel, H.A., et al.: West. J. Surg., April, 1956.

anti-anxiety factor with muscle-relaxing action ... relieves tension

Wyeth®

Philadelphia 1, Pa.

*Trademark

THE CINCINNATI SANITARIUM

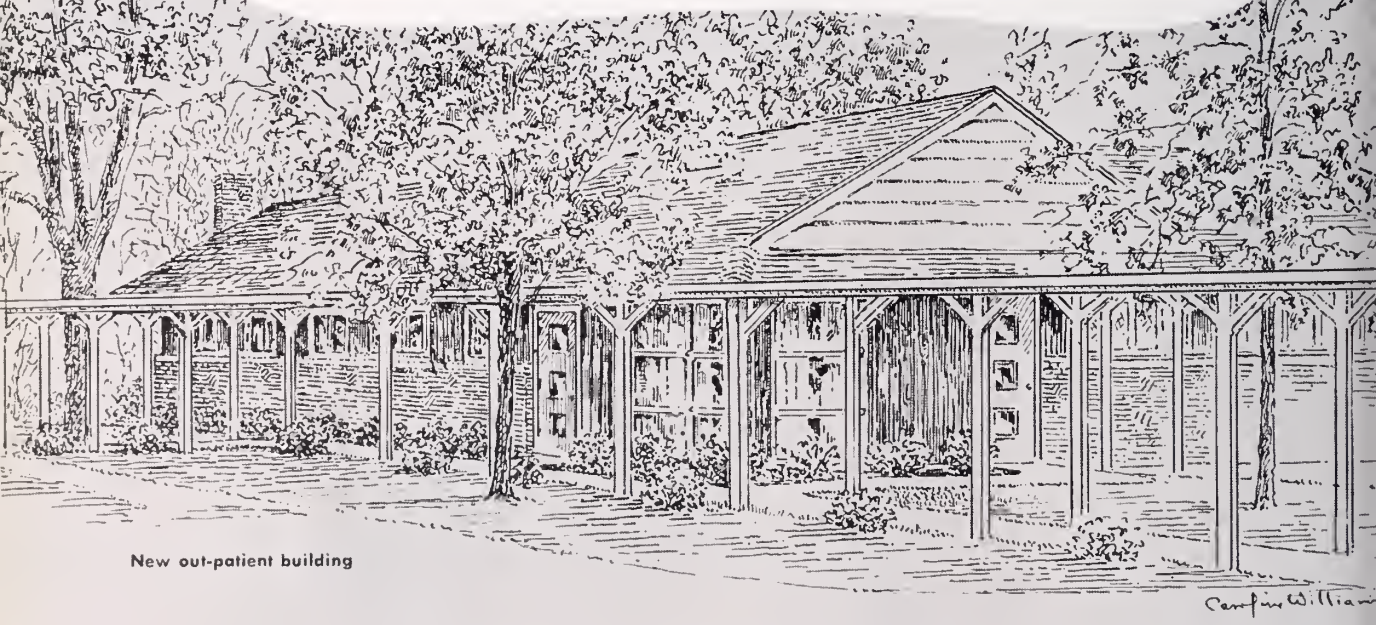
ESTABLISHED 1873

A Private Psychiatric Hospital Offering Modern Diagnostic and Treatment Procedures

- Equipped to provide all modern and accepted methods of treatment.
- Ample classification facilities with qualified psychiatric nursing.
- Complete occupational therapy and recreation activities.
- Rest Cottage, a separate department for mild neurotic problems and the convalescent.

OUT-PATIENT DEPARTMENT LOCATED IN A COMPLETELY NEW BUILDING

OWEN C. CLARK, M.D. . . . Medical Director
W. N. WRIGHT, M.D. . . . Psychiatrist in Residence
HENRY GRUENER, M.D. . . . Physician in Residence
DOUGLAS A. JOHNSTON, M.D. . . . Medical Director Emeritus
ISABELLE DAULTON, R.N. . . . Director of Nursing
GRACE SPINDLER, R.N. . . . Assistant Director of Nursing
ELLIOTT OTTE . . . Business Administrator



New out-patient building

write for descriptive booklet

THE CINCINNATI SANITARIUM

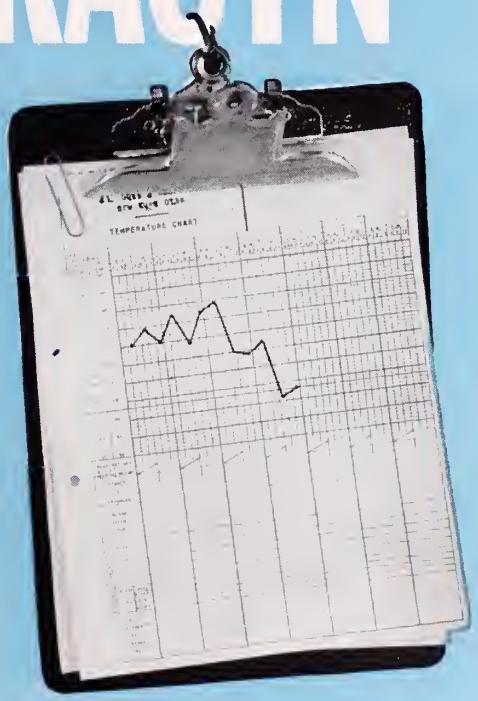
5642 HAMILTON AVENUE, Cincinnati 24, Ohio

Telephone KIrby 1-0135 KIrby 1-0136

clinical advantages with

TETRACYN®

BRAND OF TETRACYCLINE



- rapid absorption and distribution to all parts of the body
- prompt, broad-spectrum action against infections caused by gram-positive and gram-negative bacteria, spirochetes, certain large viruses and protozoa
- minimal incidence of adverse reactions
- available in a wide selection of convenient dosage forms for oral, parenteral or topical use

Tetracycline the nucleus of modern broad-spectrum activity discovered and identified by Pfizer scientists

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.

Combat the debilitating effects of aging

GYNETONE REPETABS

Combined estrogen-androgen therapy provides the steroid support necessary for maximum physical and mental function in both males and females who would enjoy vigorous living in the years beyond 60. With GYNETONE REPETABS, optimally balanced estrogen-androgen, increased vitality as well as elevation of mental and emotional levels often follow therapy and help to keep the aging patient a productive and useful member of society.

also valuable in: osteoporosis • protein depletion • menopause

two strengths for individualized therapy

GYNETONE REPETABS ".02": Ethinyl Estradiol U.S.P. 0.02 mg. plus 5 mg. Methyltestosterone U.S.P.

GYNETONE REPETABS ".04": Ethinyl Estradiol U.S.P. 0.04 mg. plus 10 mg. Methyltestosterone U.S.P.

GYNETONE,® combined estrogen-androgen.
REPETABS,® Repeat Action Tablets. GT-J-62-256

unchanged life

in the changing years

two strengths

0.02 mg. ethinyl estradiol plus 5 mg. Methyltestosterone U.S.P.

0.04 mg. ethinyl estradiol plus 10 mg. Methyltestosterone U.S.P.

GYNETONE,® combined estrogen-androgen.

REPETABS,® Repeat Action Tablets.

GT-J-61-256

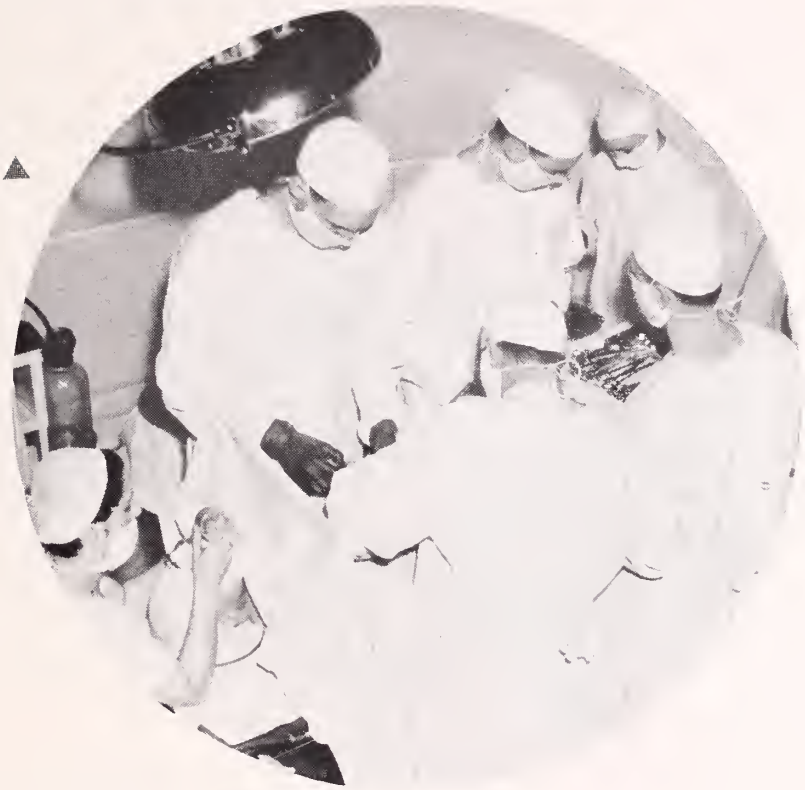
standard for therapeutic convenience

daylong relief from a single dose

CHLOR-TRIMETON REPETABS 8 and 12 mg.
PRANTAL REPETABS 100 mg.
GYNETONE REPETABS ".02" and ".04"

CHLOR-TRIMETON® Maleate, brand of chlorprophenpyridamine maleate.
PRANTAL® Methylsulfate, brand of diphemanil methylsulfate.
GYNETONE,® combined estrogen-androgen.
REPETABS,® Repeat Action Tablets.

M-J-62-356



Specializing

in your patients' HOSPITAL, SURGICAL and MEDICAL insurance problems makes the local AMERICAN HEALTH AGENT a valued "Doctor's Aide."

AMERICAN HEALTH INSURANCE CORPORATION BALTIMORE MD

Complete Local Service In Your State

Because he is a specialist who focuses his attention on Health Insurance, the local American Health Agent has won a position of friendship and trust.

As a career agent in his chosen field, it is his purpose to serve both Doctor and patient as a true "friend in need" at all times, with prompt settlements, efficient service, and a sympathetic understanding of the problems of the medical profession.

American Health
INSURANCE CORPORATION

FIRST NATIONAL BANK BUILDING, BALTIMORE 2, MD.

for a spastic GUT

Trasentine®-Phenobarbital

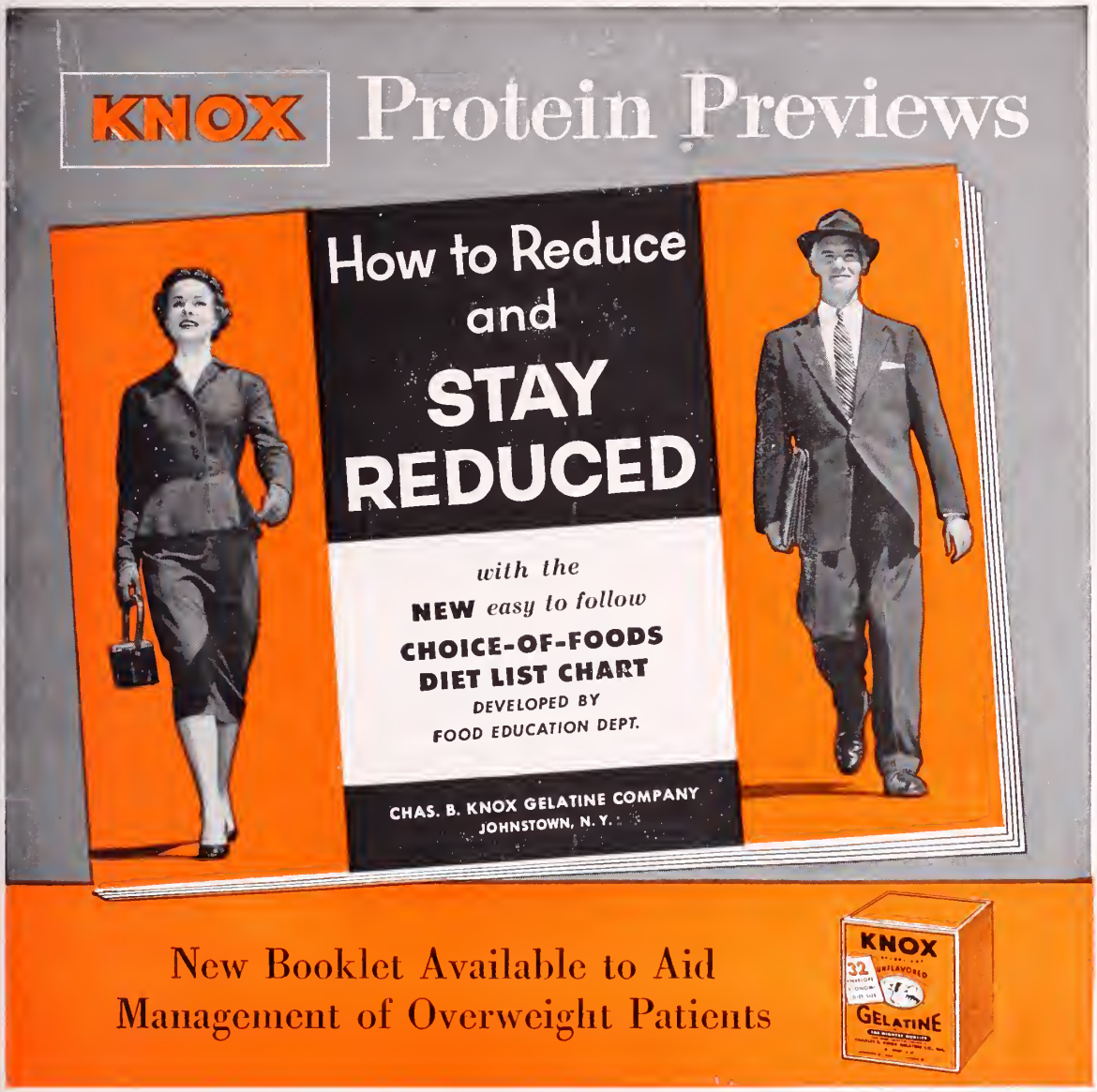
integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

C I B A
Summit, N. J.

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

OFFICERS OF COUNTY AUXILIARIES

Society	President		Correspondent	
Barbour-Randolph-Tucker	Mrs. Herman Seltz	Elkins	Mrs. Herman Seltz	Elkins
Boone	Mrs. John M. Scott	Madison	Mrs. Wysan Curry	Madison
Cabell	Mrs. C. Stafford Clay	Huntington	Mrs. Lee F. Dobbs	Huntington
Central West Virginia	Mrs. George T. Hoylman	Gassaway	Mrs. Harold D. Almond	Buckhannon
Eastern Panhandle	Mrs. John H. Kilmer	Martinsburg	Mrs. J. Carlton Godlove	Martinsburg
Fayette	Mrs. R. R. Boone, Jr.	Charlton Heights	Mrs. T. K. Laird	Kanawha Falls
Greenbrier Valley	Mrs. E. J. Morhous	White Sulphur Springs	Mrs. W. E. Lemon	White Sulphur Springs
Hancock	Mrs. Ray Greco	Weirton	Dr. Laura Mesaros	Weirton
Harrison	Mrs. Joseph Gilman	Clarksburg	Mrs. Creed C. Greer	Clarksburg
Kanawha	Mrs. John T. Jarrett	Charleston	Mrs. George Miyakawa	Charleston
Logan	Mrs. E. R. Chillag	Holden	Mrs. C. L. Lesaca	Logan
Marion	Mrs. Carter F. Cart	Fairmont	Mrs. Robert J. Sidow	Fairmont
McDowell	Mrs. Otis E. Linkous, Jr.	Welch	Mrs. Ray Burger	Welch
Mercer	Mrs. V. L. Kelly	Bluefield	Mrs. George E. Snider	Bluefield
Mingo	Mrs. A. H. Henderson	Williamson	Mrs. W. M. Scott	Williamsan
Monongalia	Mrs. R. J. Nottingham	Morgantown	Mrs. John F. Stecker	Morgantown
Ohio	Mrs. George R. Clarke	Wheeling	Mrs. George Armbrecht	Wheeling
Potomac Valley	Mrs. M. F. Townsend	Petersburg	Mrs. Lyle Veach	Petersburg
Preston	Mrs. C. Y. Moser	Kingwood	Mrs. C. Y. Moser	Kingwood
Raleigh	Mrs. G. C. Hedrick, Jr.	Beckley	Mrs. J. W. Banks	Beckley
Summers	Mrs. A. W. Holmes	Hinton	Mrs. A. W. Holmes	Hinton
Taylor	Mrs. T. W. Heironimus, Jr.	Grafton	Mrs. Charles A. Haislip	Grafton
Wood	Mrs. Thomas L. Harris	Parkersburg	Mrs. Edward Shupala	Vienna
Wyoming	Mrs. George F. Fordham	Mullens	Mrs. George F. Fordham	Mullens



The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for your obese patients. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics. These lists have been adapted to the dietary needs of patients who must lose weight.

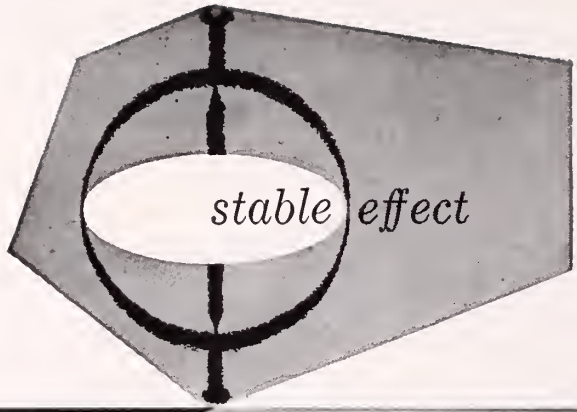
The first 18 pages of the new booklet present in simple terms key information on the use of Food Exchanges (referred to in the book as Choices). In the center, double gatefold pages outline color-coded diets of 1200, 1600, and 1800 calories based on the Food Exchanges. Physicians will find these diets easy to revise to meet the special needs of individual patients.

To help patients persevere in their reducing plans, the last 14 pages of the new Knox booklet are devoted to more than six dozen *tested*, low-calorie recipes. Please use the coupon below to obtain copies of the new "Eat-and-Reduce" booklet for your practice.

1. Developed by the U. S. Public Health Service assisted by committees of The American Diabetes Assn., Inc. and The American Dietetic Assn.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ-17
Johnston, N. Y.

Please send me____copies of the new illustrated Knox "Eat-and-Reduce" booklet based on Food Exchanges.

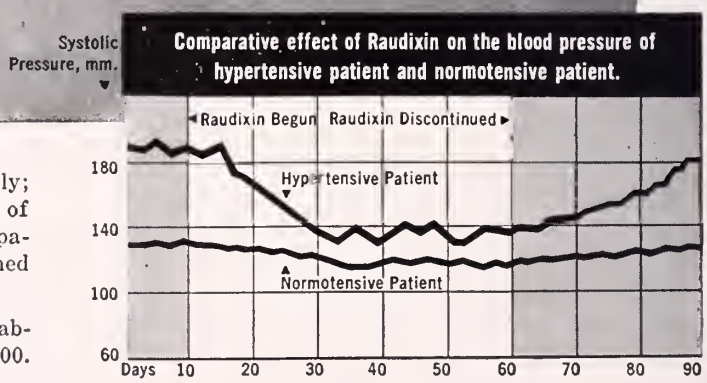


RAUDIXIN

SQUIBB WHOLE ROOT RAUWOLFIA SERPENTINA

in anxiety and tension states . . .
stable ataractic (tranquilizing) effect
without excessive sedation

in hypertension . . .
stable hypotensive effect without rapid peaks and declines in blood pressure



The hypotensive action of Raudixin is selective for the hypertensive state. For this reason, Raudixin does not significantly affect the blood pressure of normotensive patients.

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. daily.

SUPPLY: 50 mg. and 100 mg. tablets, bottles of 100, 1000 and 5000.

SQUIBB

"RAUDIXIN"® IS A SQUIBB TRADEMARK

your patient should not be endangered by fluid accumulation during "rest periods"

YOUR PATIENT NEEDS AN ORGANOMERCURIAL

When a diuretic must evoke acidosis to be effective, continued administration without dosage limitation results in refractoriness. Other diuretics may require interrupted dosage to avoid gastro-intestinal irritation.

But the sustained diuresis achieved by the organomercurials never necessitates routine "rest periods" because of their mode of action.

TABLET **NEOHYDRIN®**

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure **MERCUHYDRIN® SODIUM**
BRAND OF MERALLURIDE INJECTION

01256

LAKESIDE

Introducing

A.P.C. WITH Demerol® Tablets

for more efficient

CONTROL OF *Pain*

Each tablet contains:

Aspirin	200 mg.	(3 grains)
Phenacetin	150 mg.	(2½ grains)
Caffeine	30 mg.	(½ grain)
Demerol hydrochloride	30 mg.	(½ grain)

Average Adult Dose: 1 or 2 tablets
repeated in three or four hours as needed.

Bottles of 100 tablets. *Narcotic blank required.*

"Such a combination has proven clinically to be far more effective and no more toxic than equivalent doses of any of these used singly."*

Winthrop LABORATORIES
NEW YORK 18, N. Y.

*Bonica, J.J.; and Backup, P.H.: Northwest Med., 54:22, Jan. 1955.

Demerol, trademark reg. U.S. Pat. Off., brand of meperidine, – May be habit forming

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan

"Doctor"

Give Us Your Transportation Worries

OUR BENEFITS
TO YOU ARE
COMPLETE
RELEASE OF CAPITAL

New Automobiles
Any Make

No Worries Over
Taxes . . . Fees
Service Cost
Insurance
Repairs
License Fees
Towing Cost
Anti-Freeze
Battery Replacements
Tire Replacements
Inspection Registration
Fees

Piedmont Plan

FOR THE

MEDICAL
PROFESSION
EXCLUSIVELY

For Most of You, All This
Is 100% Tax Deductible

WE COVER
YOU WITH—
LIABILITY INSURANCE
of, 100,000/300,000
Bodily Injury and
50,000 for Property
Damage

You Are Protected
With 100% Coverage
On Collision, Fire
and Theft Insurance

If your Car
Is Out of Service, You
Are Provided With a
Replacement

All Repairs, Tire &
Battery Replacement
Are Purchased In
Your Home Town

We are as near as your Telephone!

If You Would Like to Have Our Doctor's Leasing Plan Explained to You In Detail,
Please Call or Write. We will Manage to Have One of Our Representatives Call
On You at Your Convenience.

Piedmont

Auto and Truck Rental, Inc.

P. O. BOX 427
DURHAM, NORTH CAROLINA

212 MORGAN STREET
PHONE 2-3905

G. B. Griffith, President

W. A. Gay, Exec. Vice President

All the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress

Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra' are designed to help the physician cope with the problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids prednisone and prednisolone. Each Multiple Compressed Tablet is specifically formulated as a "tablet within a tablet" to provide stability and to release in sequence antacid and anti-inflammatory components.

NEW

'Co-Hydeltra' Prednisolone Buffered

and

'Co-Deltra' Prednisone Buffered

MULTIPLE COMPRESSED TABLETS

Supplied: Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra', each containing 5 mg. prednisone or prednisolone, 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate, U.S.P., bottles of 30 tablets.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

'Co-Deltra' and 'Co-Hydeltra' are the trademarks of MERCK & CO., INC.

The above advertisements appeared recently in Life, Saturday Evening Post, and Today's Health.

"How to look at a doctor's bill" could well serve as the title for recent Parke-Davis advertisements on the cost of medical care. For they suggest to the public new ways of looking at the extraordinary *value* one buys with each dollar spent for prompt and proper medical care.

These Parke-Davis messages talk in everyday language about familiar but "forgotten" facts. Some examples: the steadily decreasing cost of curing diseases such as pneumonia, the phenomenal reduction in the death-rate for children, the substantial savings in time and income because of the shortened duration of hospital stays.

By highlighting the heartening facts of medical progress in relation to the cost of medical care, this new series hopes to help in creating a healthy, realistic public opinion on the reasonableness of medical costs.

To do this successfully, we wish the facts to have the widest possible readership. Therefore these advertisements are being published regularly in such mass-circulation magazines as LIFE, the SATURDAY EVENING POST, and TODAY'S HEALTH.

If you would like to have folder-size reprints of any of these ads for your reception room, we will be happy to supply them on request.

PARKE, DAVIS & COMPANY
Detroit 32, Michigan

Meat...

and the Rehabilitation of Protein Depleted Patients

Although the recommended daily allowance of one gram of protein per kilogram of body weight is adequate for the average healthy adult,[1] greater amounts may be needed in the rehabilitation of patients depleted in protein after severe infections, mechanical trauma, burns, or extensive surgery.[2] Protein needs for tissue regeneration during convalescence are high.

To speed rehabilitation of the protein depleted patient, top quality protein and calories should be given in generous quantity.[2] However, a high protein intake, 130 grams daily, at best induces a slow response.[3] Intakes at 3 or 4 times that level may produce considerably more rapid gain in weight, strength, and morale.[4,5] If mastication and swallowing are difficult, canned strained meats—such as used in infant feeding—may be used to advantage in the high protein diet.[2]

Lean meat, outstanding in contained top quality protein, may well be made the keystone of the high protein diet. Its abundance of vitamin B complex and essential minerals—iron, phosphorus, potassium, and magnesium—adds to its therapeutic value. Important also are its appetite appeal, its easy digestibility, and its virtual freedom from allergenic properties.

---

1. Recommended Dietary Allowances, Washington, D. C., National Academy of Sciences—National Research Council, Publication 302, 1953.
2. Co Tui: Review: The Fundamentals of Clinical Proteinology, J. Clin. Nutrition *7*:232 (Mar.-Apr.) 1953.
3. Keys, A.; Brozek, J.; Henschel, A.; Mickelsen, O., and Taylor, H. L.: The Biology of Human Starvation, Minneapolis, Univ. of Minnesota Press, 1950.
4. Burger, G.C.E.; Drummond, J.C., and Sandstead, H.R.: Malnutrition and Starvation in Western Netherlands, The Hague General State Printing Office, 1948, Part II, p. 91.
5. Co Tui; Kuo, N.H.; Chuachiaco, M., and Mulholland, J.H.: The Protein Depletion (Hypoproteinia) Syndrome and Its Response to Hyper-Proteinization, Anesth. & Analg. *28*:1 (Jan.-Feb.) 1949.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago... Members Throughout the United States

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Donald R. Roberts	Elkins	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Madison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentrout	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	2nd Tues.
Greenbrier Valley	H. Charles Ballou	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clarksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yoho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnston	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	Charles S. Mahan	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	George L. Armbrecht	Wheeling	W. E. McNamara, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Richard W. Corbitt	Parkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potamac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylar	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

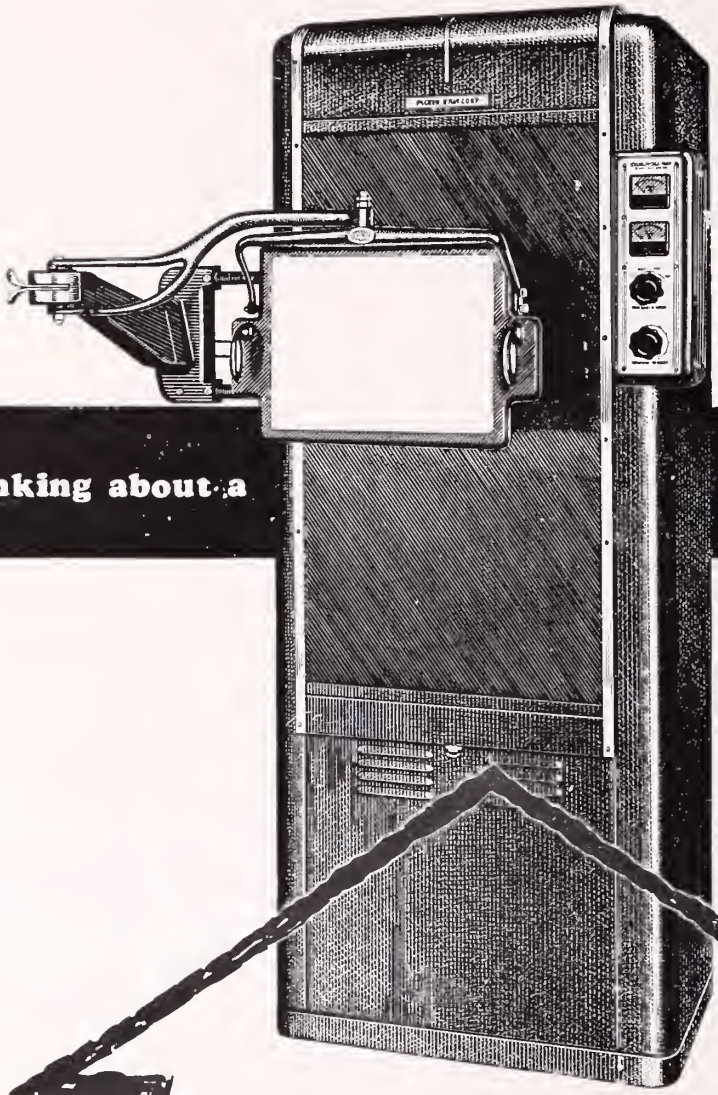
CORRECT CONSTIPATION... RESTORE HABIT TIME OF BOWEL MOVEMENT

PETROGALAR®

Aqueous Suspension of Mineral Oil, Plain

Bottles of 1 Pint

Wyeth®
Philadelphia 1, Pa.



thinking about a new fluoroscope?

get a fine one... the little more it may cost* will pay off handsomely in the long run. A fine Picker fluoroscope like this will serve you efficiently for many a long year. It is built by the same skilled craftsmen to the same high standards as the Picker apparatus used in three out of four Medical Schools and Teaching Institutions in the U. S. and Canada.

***You can rent it (or any other Picker apparatus) if you'd rather.*

Picker x-ray

25 South Broadway, White Plains, N. Y.

Picker x-ray apparatus is backed by a service organization without peer in the field. There's a local Picker office near you, ready to serve you well and promptly in anything having to do with x-ray.

PICKER IN WEST VIRGINIA is at 714½ Lee Street, Charleston and 6066 Pea Ridge Road, Huntington Phone 3-1178

in rheumatoid arthritis

STANDING
is easier with STERANE[1]—3-5 times more potent than hydrocortisone or cortisone.[2]

WALKING
follows rapidly.[1] STERANE "is more effective than any previous drug in the control of... rheumatoid arthritis."[3]

WORKING
functional mobility is restored even where other steroids fail or cease to be effective.[2,3]

WITH MINIMAL DISTURBANCE
of electrolyte balance[1-3]—patients may even be treated without diet restrictions.

Sterane®
brand of prednisolone

supplied: *White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100.*

1. Spies, T. D., et al.: GP 12:73, No. 1, 1955. 2. Boland, E. W.: J.A.M.A. 160:613, 1956. 3. Gillhespy, R. O. Lancet 2:1393, 1955.

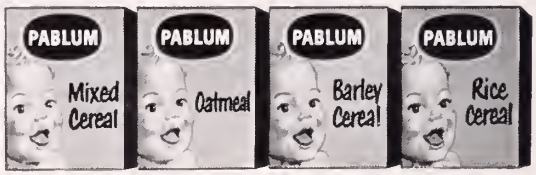
PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

"Nourish the sapling
to make strong the tree . . .
What the child is,
*the man will be."**

*c 1930, MEAD JOHNSON & CO

You can specify PABLUM® *with confidence*

All physicians appreciate the strictness of pharmaceutical standards. Pablum Cereals are the *only* baby cereals made by nutritional and pharmaceutical *specialists.* All four Pablum Cereals are enriched with thiamine, riboflavin, calcium, phosphorus, copper, and with iron in its most assimilable form.



Now available in these bright new packages.

Pablum Products DIVISION OF MEAD JOHNSON & COMPANY, EVANSVILLE, IND. • Manufacturers of nutritional and pharmaceutical products

looked over often...

the patient with nonspecific rheumatism

NOW—thoroughgoing relief with

NEW SIGMAGEN TABLETS

combining

Prednisone	0.75 mg.	—best of the new
Acetylsalicylic acid . . .	325 mg.	—best of the old
Ascorbic acid	20 mg.	
Aluminum hydroxide . .	75 mg.	

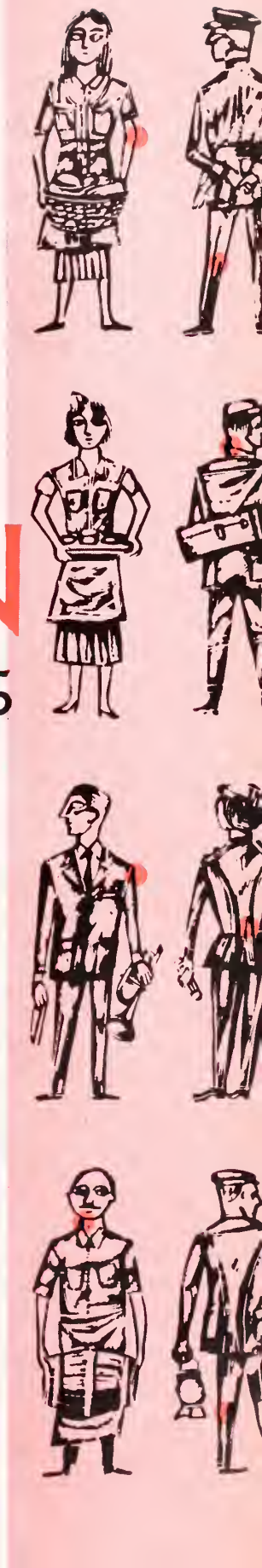
antirheumatic • anti-inflammatory • analgesic • supportive

Combined effectiveness of the antirheumatic agents in SIGMAGEN permits maintenance of clinical relief at minimal dosages.

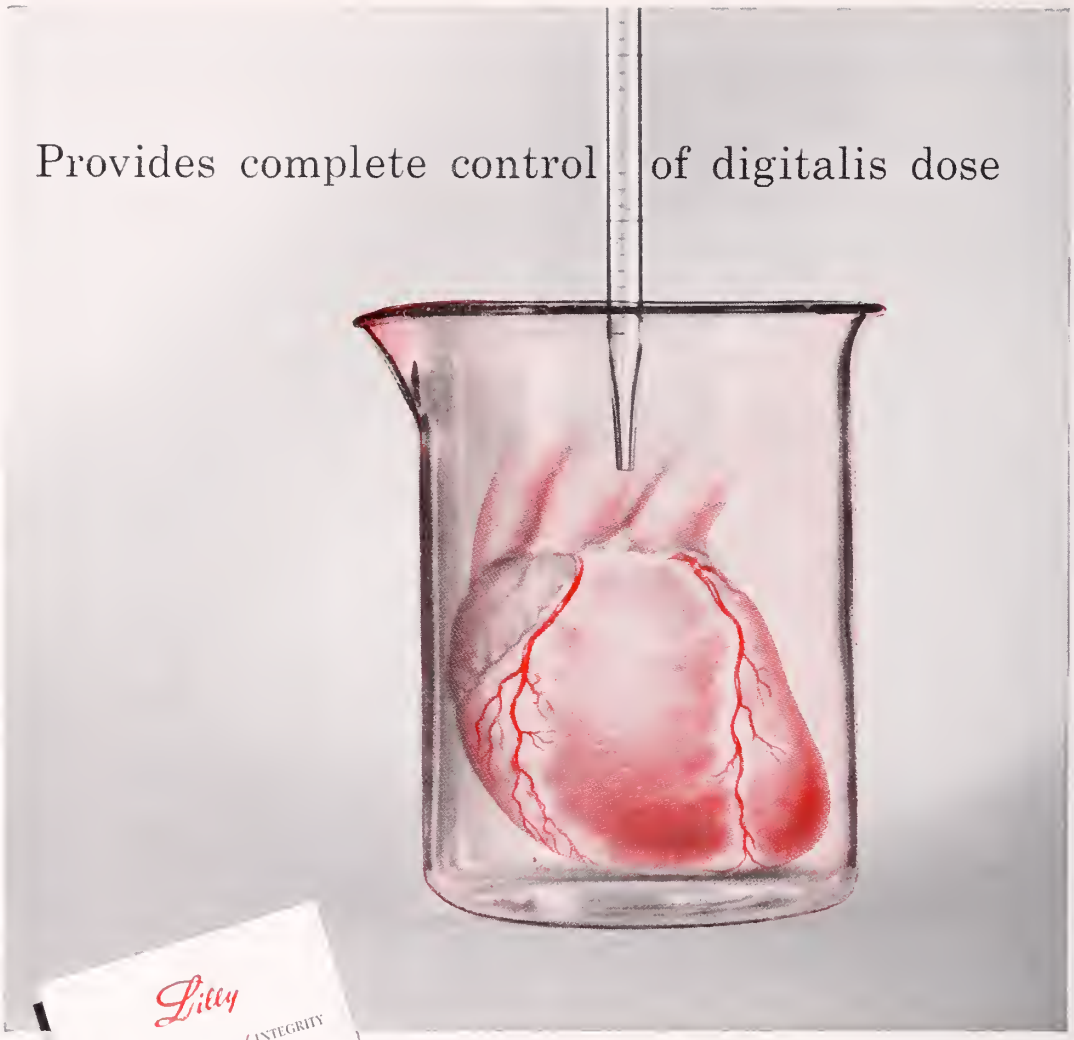
SIGMAGEN,* brand of corticoid-analgesic compound.
*T.M.

Schering

SG-J-51



Provides complete control of digitalis dose



666003

'Crystodigin'

(CRYSTALLINE DIGITOXIN, LILLY)

. . . . . permits accurate dosage titration to produce the maximum therapeutic effect

Available in scored tablets of 0.05 mg. (orange), 0.1 mg. (pink), 0.15 mg. (yellow), and 0.2 mg. (white); and in 1-cc. and 10-cc. ampoules, 0.2 mg. per cc.

Since initial digitalization and maintenance dosage must be carefully individualized, 'Crystodigin' fulfills the important requirements of a preferred digitalis. 'Crystodigin' is a crystalline-pure, uniformly potent single glycoside that is completely absorbed in the gastro-intestinal tract. With 'Crystodigin,' the maximum therapeutic effect can be safely determined by dosage titration in increments as small as 0.025 mg.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

80TH ANNIVERSARY 1876 • 1956

DRAMAMINE® IN VERTIGO

Notes on the Diagnosis and Management of "Dizziness"

III. Ménière's Syndrome

1. Paroxysmal Whirling Vertigo. *This consists of sudden attacks of dizziness, often when the patient is at rest or asleep. The patient may feel that he himself is whirling or that fixed objects about him are whirling. The attack usually lasts for a few minutes; occasionally it is severe for weeks or subacute for months.*

2. Subtotal Hearing Loss. *Deafness will usually affect the high tones and it may be unilateral or bilateral. Sometimes the hearing loss is severe and also progressive.*

3. Tinnitus. *This is usually unilateral and present in the ear with greater hearing loss and is without a definite pattern.*

Fewer diagnostic errors[1] will result if a "triad of symptoms" is required of patients with suspected Ménière's syndrome. These are the symptoms of typical Ménière's syndrome:

1. Severe paroxysmal vertigo which may be of two types; either the patient feels that he is whirling or that objects about him are whirling.
2. Fluctuating subtotal hearing loss, usually affecting the higher tones, is noted at the same time as vertigo.
3. Tinnitus, usually unilateral, is associated with the deafness and dizziness.

With Ménière's syndrome there is no definite localization[2] by the Bárány (vestibular reaction) test and results of the caloric test are not diagnostic. Physical examination should rule out disease of the central nervous or cardiovascular systems before a diagnosis is made.

"Treatment with Dramamine®. . . is effective[3] in aborting and preventing attacks of Ménière's syndrome . . . will prevent or arrest attacks of vertigo. It will also reduce the intensity of the tinnitus and so may save some of the hearing in the affected ear."

Dramamine is recommended for Ménière's syndrome as the sole therapy or in combination with other treatment programs.

It is a therapeutic standard also for motion sickness and is useful for relief of nausea and vomiting of radiation sickness and fenestration procedures.

Dramamine (brand of dimenhydrinate) is supplied in tablets (50 mg.); Supposicones® (100 mg.); ampuls (250 mg.); liquid (12.5 mg. in each 4 cc.). G. D. Searle & Co., Research in the Service of Medicine.

1. DeWeese, D. D.: Symposium: Medical Management of Dizziness. The Importance of Accurate Diagnosis, Tr. Am. Acad. Ophth. *58*:694 (Sept.-Oct.) 1954.
2. Jackson, C., and Jackson, C. L. (editors): Diseases of the Nose, Throat, and Ear, Philadelphia, W. B. Saunders Company, 1945, pp. 368; 414.
3. Queries and Minor Notes: Ménière's Syndrome, J.A.M.A., *141*:500 (Oct. 15) 1949.

A new edition of "Dramamine Reviews and Abstracts," containing digests of more than 100 recent articles, is available on request to . . . SEARLE P. O. Box 5110, B Chicago 80, Illinois

The Month in Washington

• From the Washington office of the American Medical Association.

AMONG a growing list of health measures receiving active consideration during this term of Congress are two bills that have a very good chance of becoming law before adjournment this summer. That both measures have bi-partisan support is an important factor in this election-charged year.

Most advanced in the legislative process, having passed the Senate before the Easter recess, is the national morbidity survey proposal. The other bill, which also originated in the Senate, is the National Library of Medicine plan. Both are indorsed by the Eisenhower Administration.

There has been no national study of the extent of sickness and disability since the rather inadequate survey made in 1936 by the WPA. A series of special and continuing surveys under the auspices of the U. S. Public Health Service will fill "a very great need," Senator Hill, one of the bill's sponsors, informed the Senate.

Secretary Folsom of the Department of HEW describes the lack of morbidity data as "woeful," pointing out that nationwide data on the incidence, cause and duration of sickness and disability are basic to efforts in improving voluntary health insurance.

The Senate agreed and, after writing in an amendment that would assure the conduct of surveys on a non-compulsory basis, the bill was passed without a dissenting voice. The measure then went to the House Interstate and Foreign Commerce Committee. The American Medical Association indorses the survey idea.

National Library of Medicine

The National Library of Medicine bill sponsored by Senators Hill and John Kennedy is an outgrowth of one of the Hoover Commission recommendations. The medical task force proposed that the Armed Forces Medical Library be reconstituted as the National Library and placed under the Smithsonian Institution. The Hill-Kennedy bill differs from the Commission in one major respect: it would establish the Library as an independent agency.

Sentiment, meanwhile, has developed for placing the Library in the Department of HEW, under Public Health Service supervision. This was supported by the Administration, and the American Medical Association urged immediate start on construction. Almost two years ago, before the question of a National Library arose, the AMA House of Delegates foresaw the need for housing the Armed Forces Library in more adequate quarters.

The bill's sponsors pointed out that the AMA in June 1954 had found that "the irreplaceable collections of the Armed Forces Medical Library are now housed in a 67-year-old building totally unsuitable for the purpose by reason of its inadequate size, poor state of repair, susceptibility to fire hazard and general inadaptibility to efficient operations. . . ."

Both Senators made this additional point: so long as it remains in the Defense Department, the Library simply cannot compete for funds against the needs and demands of those activities directly related to national defense.

Report on HR 7225

A major development in the long legislative history of the House-approved bill to open up the social security system to cash disability payments was the testimony of Secretary Folsom to the Senate Finance Committee.

In a 3-hour appearance as the 101st and final witness, Mr. Folsom warned against enactment on the disability portion of the bill as well as the plan to lower the retirement age of women from 65 to 62.

Disability payments at age 50, Mr. Folsom declared, present "grave uncertainties" and "potential heavy costs to all social security taxpayers." A majority of the witnesses heard during the extended hearings opposed this section of the bill, HR 7225.

The Hoxsey Treatment

On the eve of the launching of the 1956 Cancer Crusade, the Food and Drug Administration issued its first public warning of this type in several years against the cancer treatment fostered by Harry M. Hoxsey. FDA said long and thorough study by it and the National Cancer Institute has produced "no scientific evidence that the Hoxsey treatment has any value in the treatment of internal cancer." FDA said Hoxsey operates clinics at Dallas, Tex., and Portage, Pa.

Miscellaneous

Surgeon General Leonard Scheele has been confirmed by the Senate for a third 4-year term as head of the U. S. Public Health Service. PHS says the production of the Salk poliomyelitis vaccine is improving and that it is now practical for doctors to use their available vaccine for first injections, and to count on receiving new supplies by the time second shots are due. . . PHS reports that it has a number of openings for physicians in foreign posts.

OBITUARIES

FORREST PEMBROCK COOMBS, M. D.

Dr. Forrest Pembrock Coombs, 69, of Wellsburg, died March 14, 1956, at the Ohio Valley General Hospital in Wheeling, following an extended illness.

Doctor Coombs was born in Monongalia County, December 18, 1886, son of the late Elzie and Maude S. (Barker) Coombs. He received his academic education at West Virginia University and his M. D. degree from the University of Cincinnati College of Medicine in 1919. He served his internship at the Johns Hopkins Hospital in Baltimore, and was licensed to practice medicine in West Virginia in 1920.

He served in the Army during World War I, being stationed at Chillicothe, Ohio.

Following his release from the service in 1920, he located at Morgantown, where he engaged in general practice for many years before moving to Wellsburg, where he had resided for the past twenty years.

He was a former member of the Monongalia County Medical Society and the West Virginia State Medical Association.

He is survived by one brother, Sterling G. Coombs of Monongalia County.

JAMES M. FONTAINE, M. D.

Dr. James M. Fontaine, 75, of Charleston, died in a hospital in that city April 8, 1956, following a short illness.

Doctor Fontaine was born in Charleston on September 17, 1880, son of the late Peter and Lydia (Whitaker) Fontaine. He received his education in the public schools in that city and at Kanawha Military Academy. He was a graduate of the University of Virginia School of Medicine.

During World War I, he served in the medical corps of the Army and saw service in France. When he returned to this country, he was stationed at Tombstone, Arizona, and later served as chief medical director on a transport plying between the United States and the Philippine Islands.

He retired from the service more than 20 years ago and had made his home in Charleston since that time.

He is survived by a sister, Mrs. George S. Couch of Charleston.

* * * *

MICHAEL GAYDOSH, M. D.

Dr. Michael Gaydosh, 79, of Wheeling, died in a hospital in that city on March 30, 1956.

Doctor Gaydosh was born September 23, 1876 at Snidik, Czechoslovakia. He received his M. D. degree from the University College of Medicine (now Medical College of Virginia), Richmond, in 1904. He served

Upjohn
KALAMAZOO

Indicated
in most conditions
in which oral cortisone
or hydrocortisone is effective
• Available in 1 mg. and 2.5 mg.
tablets in bottles of 100, and in 5 mg.
tablets in bottles of 30, 100, and 500 •
Usual dosage is ½ to 1 tablet three or four
times daily

Delta-Cortef*

requires only 1/3 the dose of hydrocortisone

*Trademark for the Upjohn brand of prednisolone (delta-1-hydrocortisone)

WE CORDIALLY INVITE YOUR INQUIRY

for application for membership which affords protection against loss of income from accident and sickness, as well as benefits for hospital expenses for you and all your eligible dependents.

SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS
SURGEONS
DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

his internship at Reynolds Memorial Hospital at Glen Dale, and then located at Wheeling, where he practiced medicine for over fifty years.

He had served as a member of the City Council of Wheeling and was one of the charter members under the Cincinnati Charter plan.

He was a leader in furthering the advancement of the Slovak race in the field of education, culture, politics and citizenship, and was an active participant in the affairs of the Slovak League of America.

He served for twenty-four years as medical director of the Jednota, the first Catholic Slovak Union of America.

He was an honorary member of the Ohio County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his wife, he is survived by three daughters, Dr. Ann Gaydosh of Byrn Mawr, Pennsylvania, Mrs. Laska Jurchak of Wheeling, and Mrs. Thomas Moore of Charleston; two sons, Dr. Michael A. Gaydosh, Jr., and Dr. Francis J. Gaydosh, both of Wheeling; a sister, Mrs. Helen Nalevanko of Alyphant, Pennsylvania; and a brother, John Gaydosh of Yonkers, New York.

* * * *

LATIMER PORTER JONES, M. D.

Dr. Latimer Porter Jones, 71, of Pennsboro, died in his home in that city March 13, 1956, following an extended illness.

Doctor Jones was born at Hebron, in Pleasants County, August 3, 1884, son of the late Dr. and Mrs. Anderson Porter Jones. He attended Marietta College, in Marietta, Ohio, and received his M. D. degree from the College of Physicians and Surgeons, Baltimore, in 1908. He interned at Mercy Hospital in that city, 1908-09, and served a residency there in 1910.

Upon the completion of his residency, he located at Pennsboro, where he practiced continuously until his death.

Doctor Jones served in the Medical Corps of the Army during World War I.

He was an honorary member of the Parkersburg Academy of Medicine, the West Virginia State Medical Association and the American Medical Association. He had served as secretary of his local society and was formerly county health officer of Ritchie County.

Besides his widow, he is survived by a son, Dr. James P. Jones of Pennsboro.

* * * *

P. ALLEN KEMPER, M. D.

A former West Virginia physician, P. Allen Kemper, 81, of Germantown, Ohio, died at a hospital at Dayton on April 12, 1956.

Doctor Kemper was born at Freemansburg in Lewis County in 1875. He received his M. D. degree from the Eclectic Medical College, Cincinnati, in 1903 and was licensed to practice in West Virginia that same year. For several years he practiced his profession at French Creek, West Virginia.

He is survived by his widow, Laura (Bailey) Kemper; a son Dr. Robert Kemper, of Dayton; three

brothers, John Kemper of Redlands, Arizona, Dr. Virgil Kemper of Dayton, and Dr. James Kemper of Cincinnati; and six sisters, Mrs. Frank S. White, of Fairmont; Mrs. C. B. Smith of Philippi; Mrs. Lillian Jackson of Charleston; Mrs. S. H. Dadisman of Laramie, Wyoming; and Mrs. H. S. Samples of Okmulgee, Oklahoma.

* * * *

FRANK H. SISLER, M. D.

Dr. Frank H. Sisler, 68, of Bristow, Oklahoma, died at his home in that city, April 7, 1956.

Doctor Sisler was a native of Morgantown. He received his M. D. degree from the College of Physicians and Surgeons, Baltimore, in 1910, and was licensed to practice medicine in West Virginia in 1911. He engaged in general practice at Morgantown from 1912 until 1930, when he moved to Tulsa, Oklahoma. Subsequently, he relocated for practice at Bristow in that state, where he remained in active practice until a short time prior to his death.

Doctor Sisler was a former member of the Monongalia County Medical Society, the West Virginia State Medical Association and the American Medical Association. Besides his wife, he is survived by two sons, Frank H., Jr., and George W. Sisler.

* * * *

ZACHARIAH W. WYATT, M. D.

Dr. Zachariah W. Wyatt, 71, of Weirton, died at his home in that city, March 30, 1956. Death was attributed to heart disease.

Doctor Wyatt was born April 12, 1884 at Shinnston, son of the late Zachariah and Nina Fay (Fortney) Wyatt.

He received his M. D. degree from the Medical College of Virginia in 1913 and was for several years attached to the medical staff of Johns Hopkins Hospital, in Baltimore.

He was licensed to practice in West Virginia in 1924 and located at Shinnston. He moved to Weirton in 1928, where he continued in active practice until 1945, when he retired on account of ill health.

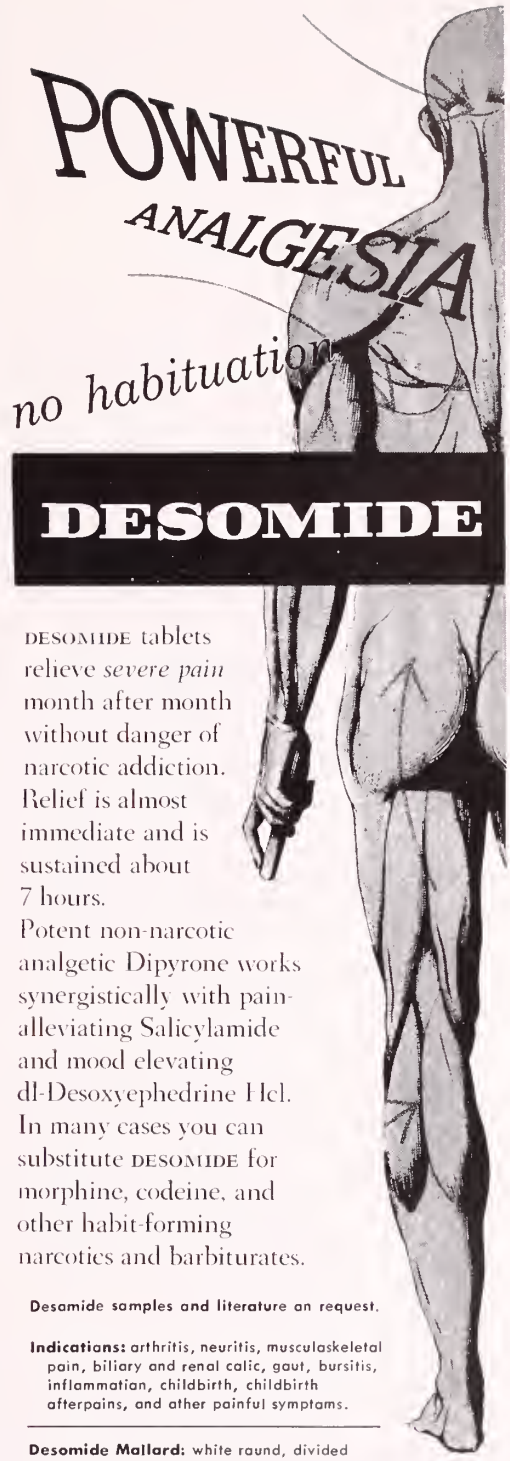
He was a former member of the Hancock County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by a daughter, Mrs. Nina Fay Fiore of St. Louis, Missouri, and a son, Zachariah W. Wyatt, Jr., of Weirton.

Importance of Tuberculin Test

In the future it will become increasingly important for all concerned with tuberculosis, and this especially includes the practicing physician, to determine the tuberculin status of patients to be in position to offer them the best in way of treatment and protection against man's most destructive and preventable infectious disease.

With a minimum of planning and effort, and with a firm conviction of its importance, the tuberculin test could easily become an accepted part of the routine examination of all office and hospital patients.—Westchester Medical Bulletin.



DESOMIDE tablets relieve *severe pain* month after month without danger of narcotic addiction. Relief is almost immediate and is sustained about 7 hours.
Potent non-narcotic analgetic Dipyrone works synergistically with pain-alleviating Salicylamide and mood elevating dl-Desoxyephedrine Hcl. In many cases you can substitute DESOMIDE for morphine, codeine, and other habit-forming narcotics and barbiturates.

Desamide samples and literature on request.

Indications: arthritis, neuritis, musculaskeletal pain, biliary and renal colic, gout, bursitis, inflammation, childbirth, childbirth afterpains, and other painful symptoms.

Desomide Mallard: white round, divided tablet containing Dipyrone 100 mgs., Salicylamide 100 mgs., dl Desoxyephedrine Hcl 1.5 mgs.
AVAILABLE: Bottles, 100, 1000.

There's always a Leader

MALLARD, INC.
3021 WABASH, DETROIT 16, MICHIGAN

ANNOUNCING

THE NEW
MEDICATED

HANDCARE

BACTERICIDAL—HEALING

A protective plasticized skin cream containing Silicone, Allantoin, Actomer and Kylbac. For use on hands and skin exposed to soaps, detergents and alcohol or to aid in the prevention of irritations caused by wearing rubber gloves.

HANDCARE
IS

★ *PROTECTIVE*
★ *ANTISEPTIC*
★ *HEALING*
★ *ANTIPRURITIC*
★ *LONG LASTING*

FOR

PHYSICIANS
SURGEONS
NURSES
LABORATORY TECHNICIANS
X-RAY TECHNICIANS

Massage freely into skin, as often as necessary, especially after wearing rubber gloves.

•

"28 Years of Service 1928-1956"

•

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

COUNTY SOCIETIES

BARBOUR-RANDOLPH-TUCKER

Dr. Louis B. Riley, orthopedic surgeon of Roanoke, Virginia, was the guest speaker before the monthly meeting of the Barbour-Randolph-Tucker Medical Society held March 15 at Phil's Restaurant, in Elkins. His subject was, "Epiphysitis." He discussed the theories of etiology, trauma, infection and endocrine imbalance.

The speaker was introduced by Dr. Robert R. Rector, and the president, Dr. Donald R. Roberts, presided at the meeting which was attended by 23 members.—A. C. Thompson, M. D., Secretary.

* * * *

CABELL

The annual joint meeting of the Cabell County Medical Society and Auxiliary was held in the auditorium of the Appalachian Electric Power Company at Huntington on March 24.

An amendment to the Constitution and By-Laws, creating a budget committee, was offered by the secretary, but action on the proposed amendment was postponed until the April meeting.

The secretary reported the results of a poll of the members concerning the inclusion of physicians in the Old Age and Insurance provision of the Social Security Act. Of the 118 replies received, 98 members voted for voluntary inclusion, 11 for entire exclusion of physicians, and nine for compulsory inclusion.

Dr. Thomas G. Folsom, the president, presided at the meeting, which was attended by 220 doctors and their wives.—Ronald E. Crissey, M. D., Secretary.

* * * *

CENTRAL WEST VIRGINIA

Dr. Haven M. Perkins of Charleston was the guest speaker at a dinner meeting of the Central West Virginia Medical Society and Auxiliary, held at the Weston State Hospital, in Weston, on Saturday, April 7. His subject was "Treatment of Tuberculosis."

Doctor Perkins, who is surgical consultant at the Hospital, discussed the various types of surgery employed in the treatment of tubercular patients at that state mental institution.

More than 50 persons, including members, their wives and guests, attended the meeting. Dr. H. Sinclair Tait, Superintendent of Weston State Hospital, served as host. Dr. J. C. Huffman of Buckhannon, the president, presided at the business meeting which followed the dinner.

Dr. James R. Gatherum of Richwood was elected a member of the Society.—Theresa O. Snaith, M. D., Secretary.

* * * *

FAYETTE

Dr. William C. Morgan, Jr., of Charleston, was the guest speaker before the Fayette County Medical Society at the regular monthly meeting held at the White

Oak Country Club, in Oak Hill, March 6. His subject was, "A Lump in the Neck."

At the business meeting following the scientific program, Dr. Diego Nurrari of Oak Hill, was elected a member of the Society.—R. DeWitt Peck, M. D., Secretary.

* * * *

FORT HENRY ACADEMY

Dr. Samuel P. Asper, Jr., associate professor of medicine at Johns Hopkins University School of Medicine, Baltimore, was the guest speaker before the Fort Henry Academy of Medicine at the regular monthly meeting held March 27 in the Elks Club in Wheeling. His subject was, "Newer Knowledge of the Thyroid Hormone." --Warren D. Leslie, M. D., Secretary.

* * * *

HARRISON

The April meeting of the Harrison County Medical Society was held at the Stonewall Jackson Hotel in Clarksburg, April 5. More than 40 members were present.

The guest speaker was Dr. David Clark, assistant professor of neurology at Johns Hopkins University School of Medicine, Baltimore. His subject was, "Dizziness and Vertigo."

Dr. Joseph Gilman, the president, presided at the meeting, and the speaker was introduced by Dr. Lynwood D. Zinn.—Lawrence B. Thrush, M. D., Secretary.

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

If It's

SURGICAL-MEDICAL SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all-purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A. Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

KANAWHA

Dr. Henry H. Dixon of Portland Oregon, Professor of Psychiatry at the University of Oregon Medical School, was the guest speaker at the April meeting of Kanawha Medical Society, which was held at the Daniel Boone Hotel in Charleston on April 19. His subject was, "Anxiety Tension States."

Drs. Robert T. Linger and Harold B. Sunday, both of Charleston, were elected to membership in the Society, and Dr. R. A. Ireland of Charleston was elected to honorary membership. Dr. W. Paul Elkin, the president, presided at the meeting.—Carl B. Hall, M. D., Secretary.

* * * *

McDOWELL

Dr. J. R. Shanklin, member of the staff of the Bluefield Sanitarium at Bluefield, was the guest speaker before the regular monthly meeting of the McDowell County Medical Society held March 14 at the Appalachian Community Room in Welch.

The speaker's subject was "Electrocardiography," and he pointed out some of the shortcomings of an electrocardiogram. He said that it provides no insight concerning the etiology of a cardiac condition, has no value in prognosis of the condition, is of no value in valvular heart disease, and provides the physician no idea concerning the state of compensation of the heart or the cardiac output.

At the business session following the scientific program, Dr. A. J. Villani offered a resolution indorsing

"...THE MERCURIALS HAVE PROLONGED THE WORKING PERIOD AND LIFE SPAN OF COUNTLESS SUFFERERS FROM CONGESTIVE HEART FAILURE..."*

TABLET
NEOHYDRIN®

*Fishberg, A. M.: Hypertension and Nephritis, ed. 5, Philadelphia, Lea & Febiger, 1954, pp. 177-178.

00756

Dr. J. Howard Anderson for the award of "General Practitioner of the Year." The resolution, which was unanimously adopted, will be presented to the Council of the West Virginia State Medical Association for consideration at the spring meeting, May 13.

The president, Dr. Otis E. Linkous, presided at the meeting, and the speaker was introduced by Dr. R. O. Gale.—F. L. Johnston, M. D., Secretary.

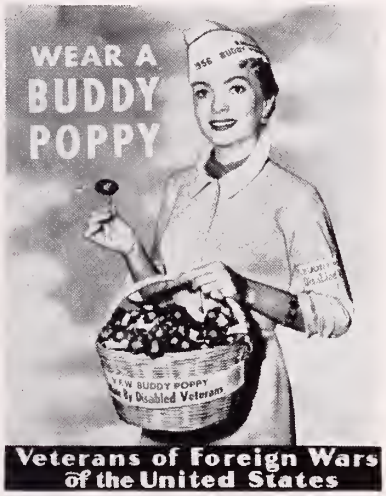
* * * *

MERCER

The scientific program presented at the regular monthly meeting of the Mercer County Medical Society in Bluefield, March 19, consisted of the presentation of interesting case reports. Reports were presented as follows:

Dr. E. W. McCauley, "Spontaneous Abortion followed by a Vascular Collapse"; Dr. Arch T. McCoy, II, "Gastrointestinal Bleeding in a Chronic Alcoholic"; and Dr. John J. Mahood, "Blastomycosis".

The president, Dr. J. Paul Champion, presided at the meeting, which was attended by thirty members.—John J. Mahood, M. D., Secretary.



Jaycees Honor Dr. Wade H. St. Clair

Dr. Wade H. St. Clair of Bluefield, a past president of the West Virginia State Medical Association, has been named "Man of the Year" by the Greater Bluefield Junior Chamber of Commerce. The award was announced at a meeting held in that city on April 9.

Doctor St. Clair, co-founder of the Bluefield Sanitarium, was described in the presentation made at the meeting as "physician, humanitarian, hospital administrator and pioneer in modern medicine." He was praised for his many years of "unstinting, beneficial service in the Bluefield area."

Ulcer Rate in Women

That the ulcer rate is fast rising among women as they occupy positions once dominated by men is the opinion of at least one medical authority. Dr. John E. Cox, of Memphis, Tenn., believes that stomach ulcers have increased more than 30 per cent in the last decade among women who want to "wear the pants in the family."—R. N.

FOR SALE—Complete line of drugs, instruments, scales and office furniture for sale. Property of the late J. H. Ferguson, M. D. Write or phone Mrs. J. H. Ferguson, 215 Wilson Street, Ravenswood, West Virginia.

THE TRAINING SCHOOL
at VINELAND, NEW JERSEY
For
Retarded and Slow-Learning Children

Established in 1888 as the "Village of Happiness"; for boys and girls, all ages. Academic, vocational, social training; wide recreation; cottage living; medical, psychiatric, psychologic services. Year-round program. Internationally known research center.

Special Summer Program

•

Write Director,
The TRAINING SCHOOL
at VINELAND, NEW JERSEY
Phone 7-0021

THE
KEELEY
INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. Paul P. Warden, Grafton
President Elect: Mrs. J. E. Spargo, Jr., Wheeling
First Vice President: Mrs. George T. Evans, Fairmont
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Lynwood D. Zinn, Clarksburg
Fourth Vice President: Mrs. John F. Morris, Huntington
Treasurer: Mrs. George Miyakawa, Charleston
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. R. D. Stout, Grafton
Parliamentarian: Mrs. J. Preston Lilly, Charleston

AMA AUXILIARY IN CHICAGO, JUNE 11-15

The 33rd annual meeting of the Woman's Auxiliary to the American Medical Association will be held in Chicago, June 11-15. The Conrad Hilton Hotel will be the official headquarters for the convention, which will be held conjointly with the annual meeting of the American Medical Association.

A full program of committee meetings and round-table discussions is scheduled during the five-day meeting. Special social events will include a tea in honor of Mrs. Mason G. Lawson of Little Rock, Arkansas, the Auxiliary president, and Mrs. Robert Flanders of Manchester, New Hampshire, president elect. The tea will be held in the Crystal Ballroom of the Blackstone Hotel on Monday afternoon, June 11. A reception and ball in honor of the president of the American Medical Association will highlight Tuesday's program.

Miss Ilka Chase, nationally-known stage and TV entertainer, will be the speaker at the annual dinner for members, their husbands and guests. The dinner will be held at the Conrad Hilton Hotel Thursday night, June 14.

Special plans are being made this year for chaperoned entertainment for the children of Auxiliary members who attend the convention. Full information on the subject may be obtained by writing Mrs. Leonard Houda, 7811 Greenfield Avenue, River Forest, Illinois.—Mrs. J. Paul Aliff, State Chairman, Press and Publicity, Woman's Auxiliary to the West Virginia State Medical Association.

* * * *

CABELL

"Doctor's Day" was observed by the Woman's Auxiliary to the Cabell County Medical Society at a dinner in the auditorium of the Appalachian Electric Power Company at Huntington on Saturday evening, March 24. Cabell physicians were honor guests.

It was explained that the idea of "Doctor's Day" was originated in 1933 by a member of the Woman's Auxiliary, Mrs. C. B. Almond, of Winder, Georgia. Doctor's Day is observed by medical auxiliaries generally

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

over the country in connection with the anniversary of the date, March 30, that ether was first used as an anesthetic in surgery.

Entertainment features included a doctor's "barber shop" quartet, and exhibition dancing by students of the Bastianelli Dance Studio.

The dinner was arranged by a committee composed of Mrs. Wilson P. Smith, chairman, and Mrs. Lawrence Gang, co-chairman. Other members of the committee were Mesdames Clarence Boso, Gates Wayburn, E. J. Humphrey, Hiram Davis, Leo Christian, Bruce Martin, H. S. Klein, and David Haught.—Mrs. Joseph M. Farrell, Correspondent.

* * * *

HARRISON

The Woman's Auxiliary to the Harrison County Medical Society held its annual "Doctor's Day" dinner and dance at the Stonewall Jackson Hotel in Clarksburg on March 17.

More than 100 members and guests attended the celebration, which was preceded by a social hour at the home of Dr. and Mrs. Joseph Gilman. The doctors were presented with a carnation and the members of the Auxiliary were given a corsage of green and white carnations. Movies of previous "Doctor's Day" celebrations were shown.

Mrs. Richard K. Hanifan, chairman of the social committee, was in charge of arrangements. She was assisted by Mesdames J. D. Simmons, A. R. Marks, George F. Evans, Lawrence Thrush, C. S. Harrison, George Rose and E. Burl Randolph, all of Clarksburg.

New officers of the Woman's Auxiliary to the Harrison County Medical Society were elected at a meeting at the Stonewall Jackson Hotel in Clarksburg, April 5.

Mrs. Andrew J. Weaver of Clarksburg was named president of the Auxiliary for 1956-57, and Mrs. John T. Gocke, president elect. Other officers were elected as follows: Mrs. L. Dale Simmons, vice president; Mrs. John D. H. Wilson, secretary; and Mrs. David M. Robinson, treasurer.

Mrs. Joseph Gilman, the president, presided at the meeting, which was attended by 34 members. Mr. Harry P. Sturm of Clarksburg was the guest speaker and presented an interesting motion picture travelogue in color on the subject of "Birds and Flowers from Gaspe Peninsula to Florida."

The Woman's Auxiliary to the Harrison County Medical Society held a "Coffee Get-Together" for its members on Tuesday morning, April 10.

Groups of twenty-five members or more were guests in the homes of Mrs. Joseph Gilman, Mrs. Lynwood D. Zinn and Mrs. Harry V. Thomas. These informal social hours are held semi-annually by the Auxiliary.—Mrs. Creed C. Greer, Correspondent.

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

CORRESPONDENCE

VETERANS ADMINISTRATION HOSPITAL
1540 Spring Valley Drive
Huntington 1, West Virginia

March 20, 1956

Walter E. Vest, M. D., Editor
West Virginia Medical Journal
Huntington, West Virginia

Dear Doctor Vest:

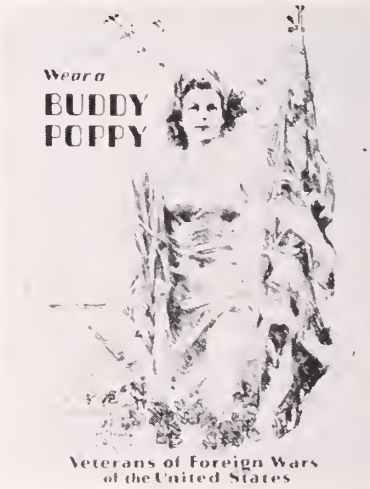
The Veterans Administration Hospital at Huntington receives many patients referred by their local physicians. Most of these are after the patient has been seen by his local physician and recommendation made for hospitalization in a VA hospital. Very often we are unable to contact the physician, and the patient has had some medication prior to his ambulance trip to this hospital.

A knowledge of the type of medication given would help us very much. It would be appreciated if you could carry a brief statement in your Journal that when arrangements are made for a patient to be admitted to a Veterans Administration Hospital the local physician give the person who transports him a brief statement as to the medication that the patient has had.

I am sure that this would be of benefit to other Veterans Administration hospitals as well as to us.

Sincerely yours,

(Signed) H. W. Baxley, M. D.,
Manager



The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

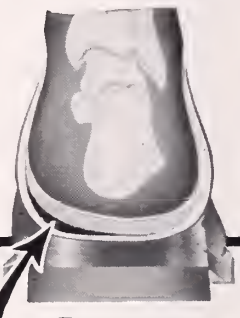
Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

Foot-so-Port Shoe Construction and its Relation to Weight Distribution



• Insole extension and wedge at inner corner of heel where support is most needed.

• Special Supreme rubber heels are longer than most anatomic heels and maintain the appearance of normal shoes.

• The patented arch support construction is guaranteed not to break down.

• Innersoles are guaranteed not to crack, curl, or collapse. Insulated by a special layer of Texon which also cushions firmly and uniformly.

• Foot-so-Port lasts were designed and the shoe construction engineered with orthopedic advice.

• NOW AVAILABLE! Men's conductive shoes. N.B.F.U. specifications. For surgeons and operating room personnel.

• By a special process, using plastic positive casts of feet, we make more custom shoes for polio, club feet and all types of abnormal feet than any other manufacturer.

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.

All the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress

Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra' are designed to help the physician cope with the problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids prednisone and prednisolone. Each Multiple Compressed Tablet is specifically formulated as a "tablet within a tablet" to provide stability and to release in sequence antacid and anti-inflammatory components.

NEW

'Co-Deltra'

Prednisone Buffered

MULTIPLE COMPRESSED TABLETS

and

'Co-Hydeltra'

Prednisolone Buffered

Supplied: Multiple Compressed Tablets of 'Co-Deltra' and 'Co-Hydeltra', each containing 5 mg. prednisone or prednisolone, 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate, U.S.P., bottles of 30 tablets.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

'Co-Deltra' and 'Co-Hydeltra' are the trademarks of MERCK & CO., INC.

Reading Time for Physicians Two to Four Hours Daily

In any professional field one of the greatest challenges faced by the worker is keeping abreast of current developments. Medicine, as one of the swiftest moving of the modern professions, presents an almost overwhelming problem in this regard. Yet many doctors handicap themselves unnecessarily in this struggle to keep up with the swiftly flowing currents of their profession. This handicap results from their failure to exploit the potential which they certainly possess for more effective reading.

No doctor needs to be reminded of the constant flow of reading material across his desk. Correspondence, reports, research papers, news letters, and professional journals constantly accumulate in his basket and his briefcase. That which must be read somehow gets read; much that should be read does not.

No figures are available on the amount of time spent by medical doctors in reading each day, but it probably corresponds pretty well with the figures derived from studies of the business and industrial executive groups. These studies show that the typical executive spends from two to four hours of each work day in doing his necessary reading.

In addition to this mass of work-type reading, consider the amount of general material which could also contribute to personal and professional development. Publisher's Weekly reports that in 1955 alone our presses ground out 12,000 different titles. Ayer's Directory lists about 2,000 daily and 10,000 weekly newspapers as well as 1,600 weekly and 4,200 monthly magazines.

No sane person would suggest that anyone could (or should) read any great proportion of this bulk. However, it is obviously desirable to do more of it than current studies show is being done.

Naturally, the physician reads more and reads better than a cross-section of the general population. But this is as it should be. Background, experience, and intelligence all tend to favor the professional man as a reader. The disconcerting fact is that this superiority is not nearly as great as it should be. Even given attributes which tend to provide an ideal climate for effective reading, he surpasses the typical adult by only a minor degree in the rate and comprehension of reading.

Such gains may be achieved through the use of a great variety of aids currently available. The biggest drawback to this individual approach is that it often lacks the regularity and discipline needed to effect the desired changes. Many colleges and universities offer courses of training in reading efficiency at the extension level.

The accelerating rate of advance in the field of medicine will no doubt make it mandatory for more and more doctors to take advantages of this type of assistance.—Eugene S. Wright in Minnesota Medicine.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A.
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

AMA to Sponsor Conference On Medical Civil Defense

The National Medical Civil Defense Conference will be held on Saturday, June 9, at the Palmer House in Chicago, two days prior to the formal opening of the annual meeting of the American Medical Association in that city.

The conference, which is sponsored annually by the Council on National Defense of the American Medical Association, will be attended by representatives of local, state and national civil defense committees, physicians and other leaders of medical care facilities.

A special feature on this year's program will concern the availability and operation of the Federal Civil Defense Administration's 200-bed emergency civil defense hospital. A discussion of basic plans dealing with the allocation, distribution and utilization of the hospital units has been arranged.

Staffing patterns and actual operating procedures by professional and other personnel will be discussed on the basis of data gleaned during field tests conducted in April by the Army Medical Corps at Fort Meade, Md., in which representatives of national health and medical organizations participated.

Additional information concerning the conference may be obtained by writing the AMA Council on National Defense, 535 North Dearborn Street, Chicago 10, Illinois.

"...WHEN CONTINUOUS DIURESIS IS MANDATORY TO CONTROL HEART FAILURE, NEOHYDRIN BECOMES THE SUPERIOR [ORAL] AGENT, SINCE THIS COMPOUND CONTINUES TO PRODUCE DIURESIS WHEN ADMINISTERED DAILY"*

*Mayer, J. H., and Hughes, W. M.: J. Chron. Dis. 2:678, 1955.

00656

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board — Charles L. Anderson, M. D., Clinical Director

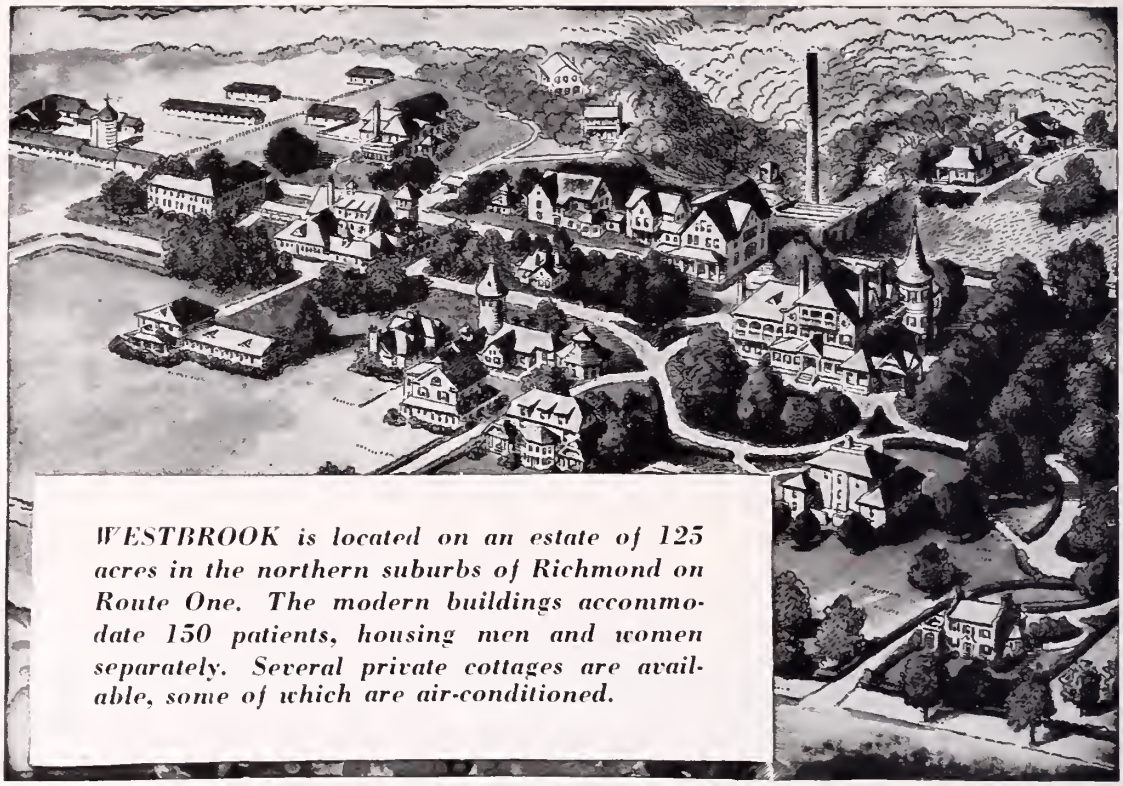
L. Harold Caviness, M. D. — J. Russell Frantz, M. D. — Charles W. Harding, M. D.

Theodore J. Lukens, M. D. — Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

WESTBROOK SANATORIUM . . . *Richmond, Virginia*

Established 1911



***WESTBROOK** is located on an estate of 125 acres in the northern suburbs of Richmond on Route One. The modern buildings accommodate 150 patients, housing men and women separately. Several private cottages are available, some of which are air-conditioned.*

STAFF

PAUL V. ANDERSON, M. D.
President

REX BLANKINSHIP, M. D.
Medical Director

JOHN R. SAUNDERS, M. D.
Associate

THOMAS F. COATES, M. D.
Associate

JAMES K. HALL, JR., M. D.
Associate

R. H. CRYTZER
Administrator

A PRIVATE psychiatric hospital for the treatment of nervous and mental disorders and the problems of addiction.

The modern diagnostic and treatment procedures include electro-shock, insulin, psychotherapy, occupational and recreational therapy.

WESTBROOK SANATORIUM

P. O. Box 1514 RICHMOND, VIRGINIA *Phone 5-3245*

Brochure of Views and Literature Sent on Request

The Right to be Ornery At The Right Time

A recent issue of a weekly magazine of large general circulation carried an article by a doctor describing the tremendous increase in law-suits against the medical profession for mal-practice. Why should this be? As any grievance committee can testify, it is quite obvious that most of these law-suits have been generated by what may be described in one word as "orneryness"—orneryness on the part of both the patient and the doctor.

The medical profession is not made up of a band of little tin angels, but we think there is no doubt that there has grown up among us a breed of mental neuters worshipping a sort of cult of neutrality. We are surrounded by socialization, social security, community chests, and near socialization of medicine, all of which force us into conformity to the group and to the times. While we are not in favor of maladjustment, we look with some misgivings upon this cultivation of neutrality and would welcome a few oddities and "characters" among the medical profession.

We are all aware that it is a part of our American heritage to be free and independent. We have a right to be bewildering and idiosyncratic, and while we have the right to be ornery, just as we have the right to be free and independent, we also have with these rights a heavy responsibility to be ornery or idiosyncratic at the right time and in the right place.

So, take it easy doctor. Watch carefully your public display of rugged individualism. Some people may accept it for what it is, but others may decide you have no right to be different, and get ornery too—ornery enough to sue you in a court of law.

Remember the Irish immigrant who, upon arrival in this land of freedom, threw his fists about him in an exaggerated display of this new freedom. When he woke up, after being knocked down, he was much chagrinned to hear some friendly advice from Mike O'Leary: "Patrick, niver forgit that your freedom ends where the other man's nose begins."—Journal, Medical Assn., Georgia.

Substitution of AMA Publication for JAMA

Members of the West Virginia State Medical Association and the AMA may, if they so desire, substitute one of the following publications for the Journal of the American Medical Association:

Archives of Internal Medicine
American Journal of Diseases of Children
Archives of Dermatology
Archives of Neurology and Psychiatry
Archives of Pathology
Archives of Surgery
Archives of Otolaryngology
Archives of Ophthalmology
Archives of Industrial Health

Requests for substitution of another publication for the JAMA should be mailed directly by the member to the American Medical Association, Membership-Circulation Department, 535 North Dearborn Street, Chicago 10, Illinois.

EVERY WOMAN

WHO SUFFERS

IN THE

MENOPAUSE

DESERVES

"PREMARIN"

widely used

natural, oral

estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5645

PROFIT from OUR EXPERIENCE . . . . . .

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE YOUR LOCAL BUREAU TODAY REGARDING OTHER SERVICES

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

Wheeling:
THE MEDICAL-DENTAL BUREAU, INC.
CENTRAL UNION BUILDING
M. O. Bobes-W. H. Hagedorn, Owners
Phone 4250

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D.

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

your key

mutual understanding .....

to the best medical service

Yes, doctor, the best medical service is based on friendly, mutual understanding between doctor and patient. To help you create better public relations, the American Medical Association is making available—as a service to its members—an attractive new plaque to be displayed on an office desk or wall. This plaque will open the door to better relations with your patients because it encourages questions regarding professional services and fees. Price is one dollar—order yours today. Fill out the coupon and send to *order department*

AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn St., Chicago 10, Ill.

price $1 postpaid

Send me ___ *"To All My Patients" plaques.*

name _____

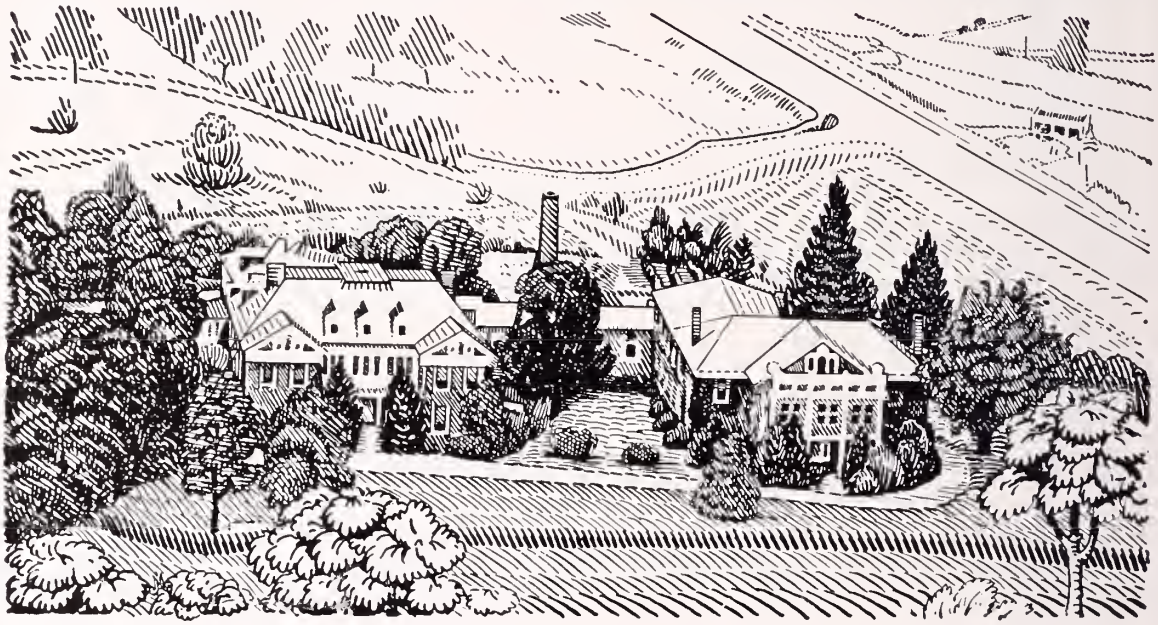
address _____

city _____ ( ) *state* _____

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D.
Director

James K. Morrow, M. D. Thomas E. Pointer, M. D. Daniel D. Chiles, M. D.
James L. Chitwood, M. D., Medical Consultant. Clara K. Dickinson, M. D.

Affiliated Clinic Offering Psychiatric and Psychological Evaluation and Therapy:

BLUEFIELD MENTAL HEALTH CENTER
1400 Bland Street
Bluefield, W. Va.
David M. Wayne, M. D., Director

State Physicians in Washington For Ob. and Gyn. Meeting

Several members of the West Virginia Obstetrical & Gynecological Society attended the District IV meeting of the American Academy of Obstetrics and Gynecology, held at the Mayflower Hotel in Washington, D. C., April 6-7.

State physicians who attended the meeting were Drs. Clarence H. Boso and G. A. Ratliff, both of Huntington; Drs. Herbert M. Beddow, John T. Chambers, June R. Chambers, F. H. Dobbs, W. E. Hoffman, W. W. Point, and Leo M. Seltzer, all of Charleston; and Dr. A. J. Villani of Welch.

Officers of the West Virginia Society are Dr. George T. Evans of Fairmont, president; Dr. C. Truman Thompson of Morgantown, vice president; and Dr. A. J. Villani of Welch, secretary-treasurer.

89th ANNUAL MEETING

West Virginia State Medical Association

WHITE SULPHUR SPRINGS
Aug. 23-25, 1956

AMERICA'S AUTHENTIC HEALTH MAGAZINE

today's health

AMERICAN MEDICAL ASSOCIATION

BUILDS FAITH IN YOU AND YOUR WORK

IN YOUR WAITING ROOM

3 YEARS $6.50 2 YEARS $5.00
1 YEAR $3.00

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

◆

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

◆

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: Athey R. Lutz, Parkersburg
First Vice President: E. Lyle Gage, Bluefield
Second Vice President: Charles A. Hoffman, Huntington
Treasurer: T. Maxfield Barber, Charleston
Executive Secretary: Mr. Charles Lively, Charleston
Ass't. Exec. Sec'y.: Mr. Wm. H. Lively, Charleston

A. M. A. Delegates:
Walter E. Vest (1956), Huntington
Frank J. Holroyd (1957), Princeton

A. M. A. Alternates:
Jacob C. Huffman (1956), Buckhannon
Thomas G. Reed (1957), Charleston

COUNCIL

Chairman: J. P. McMullen, Wellsburg
At Large: Russel Kessel, Charleston

First District:
George T. Evans (1956), Fairmont
D. E. Grlenfeltch (1956), Wheeling

Second District:
Charles L. Leonard (1956), Elkins
Carl E. Johnson (1957), Morgantown

Third District:
John F. McCuskly (1956), Clarksburg
Jacob C. Huffman (1957), Buckhannon

Fourth District:
Ray H. Wharton (1956), Parkersburg
Francis L. Coffey (1957), Huntington

Fifth District:
Everett H. Starcher (1956), Logan
Russell A. Salton (1957), Williamson

Sixth District:
R. R. Summers (1956), Charleston
Philip W. Oden (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J. Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Richard W. Corbitt, Parkersburg, Chairman; George F. Evans, Clarksburg; and Carl B. Hall, Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication
Walter E Vest, Huntington, Chairman; G. G. Irwin, Charleston; R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F. Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgantown.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

W. Va. Acad. of Ophthalmology and Otolaryngology
Henry C. Hays, Williamson, President; William F. Beckner, Huntington, First Vice President — President Elect; W. F. Shirkey, Charleston, Second Vice President; and Frederick C. Reel, Charleston, Secretary-Treasurer.

Industrial Medicine and Public Health
Edward V. Henson, South Charleston, Chairman; Guy R. Post, Parkersburg, Vice Chairman; and David C. Prickett, Fairmont Secretary-Treasurer.

Internal Medicine
Clark K. Sleeth, Morgantown, President; and J. J. Lawless, Morgantown, Secretary.

Neurology, Neurosurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

Orthopedic Surgery
Howard G. Weiler, Wheeling, Chairman; H. M. Hills, Jr., Charleston, Vice Chairman; and George Miyakawa, Charleston, Secretary-Treasurer.

West Virginia Association of Pathologists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

W. Va. Pediatric Society
Thomas G. Potterfield, Charleston, President; Warren D. Leslie, Wheeling, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
J. Dennis Kugel, Charleston, President; J. L. Patterson, Logan Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Charles M. Scott, Bluefield, Chairman; and Kenneth G. MacDonald, Charleston, Secretary-Treasurer.

Urology
Henry M. Escue, Charleston, President; C. A. Hoffman, Huntington, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS

W. Va. Society of Anesthesiologists
Newman H. Newhouse, Charleston, President; David A. Haught, Huntington, Vice President; and Richard A. Rose, Weirton, Secretary-Treasurer.

W. Va. Diabetes Association
Halvard Wanger, Shepherdstown, President; Waldo C. Henson, Charleston, Vice President; and Delmer J. Brown, Parkersburg, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
William E. Bray, Jr., Huntington, President; Clark K. Sleeth, Morgantown, President Elect; R. U. Drinkard, Wheeling, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

The Bells Are Ringing

In cities, towns and villages all over America, the ringing of church bells one day in April will mark the launching of the annual Cancer Crusade of the American Cancer Society. At the same time, in many doctors' offices, the staccato ring of door and telephone bells will mark the success of a major objective of the Society.

"Fight Cancer with a Checkup" is the American Cancer Society's immediate, short-range answer to the terrible toll of lives taken each year by this dread disease. It is to your office that the Society is urging the public to go for the periodic examinations that can mean the early detection and prompt treatment of cancer, and could prevent thousands and thousands of needless deaths.

Achievement of our ultimate goal — the conquest of cancer — will be largely determined by the response to our plea to "Fight Cancer with a Check". This year the Society needs $26,000,000 to carry on its vital program of education, research and service.

"Fight Cancer with a Checkup and a Check" — a winning combination. With your support and the cooperation of the public, the sound of victory will one day ring through the land.

American Cancer Society ®

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

(This Space for Sale)

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

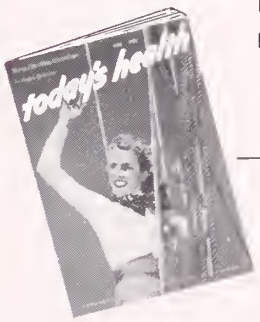
GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!

for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

MAY ADVERTISERS

American Health Insurance Corp. ... xvii
American Meat Institute ... xxviii
Ayerst Laboratories ... li

Bayer Company ... vi
Broaddus Hospital ... xlviii
Burroughs-Wellcome ... viii

Charleston Engraving Company ... xlvi
Ciba Pharmaceutical Products ... xviii
Cincinnati Sanitarium ... xiv

Daniel Boone Hotel ... liii

Feick Brothers ... xlii
Foot-So-Port Shoe Co. ... xlvi

Harding Sanitarium ... xlix

Keeley Institute ... xliii
Kloman Instrument Company ... xlii
Knox Gelatine Company ... xix

Lakeside Laboratories ... xxi, xlii, xlix
Lederle Laboratories ... 146, 147
Lilly, Eli & Company ... *Front Cover*, xxxiv

Mallard, Inc. ... xxxix
Marmet Hospital ... xliv
McMillen Sanitarium ... lv
Mead Johnson & Company ... xxxii
Medical Arts Supply Co. ... xl
Myers Clinic ... liii

Parke, Davis & Company ... ii, iii, xxvi, xxvii
Patton Adjustment, Inc. ... lxii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ... xv, xxxi
Physicians Casualty and Health Association ... xxxviii
Physicians and Dentists Business Bureau ... lii
Picker X-Ray Corp. ... xxx
Piedmont Auto & Truck Rental, Inc. ... xxiv

Schering Corp. ... ix, xvi, *Insert*, xxxiii
Searle, G. D. & Co. ... xxxv
Sharp & Dohme, Inc. ... v, x, xi, xxv, xlvii
Smith, Kline & French Laboratories ... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. ... xx
St. Albans Sanitorium ... liv

Training School at Vineland ... xliii

Upjohn ... xxiii, xxxvii

Viceroy Cigarettes ... xii

Wallace Laboratories ... vii
Westbrook Sanatorium ... l
Wheeling Clinic ... xlv
White Cross Hospital ... lviii
Winthrop Laboratories, Inc. ... xxii
Wocher's, Max ... xli
Wyeth, Inc. ... xiii, xxix

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

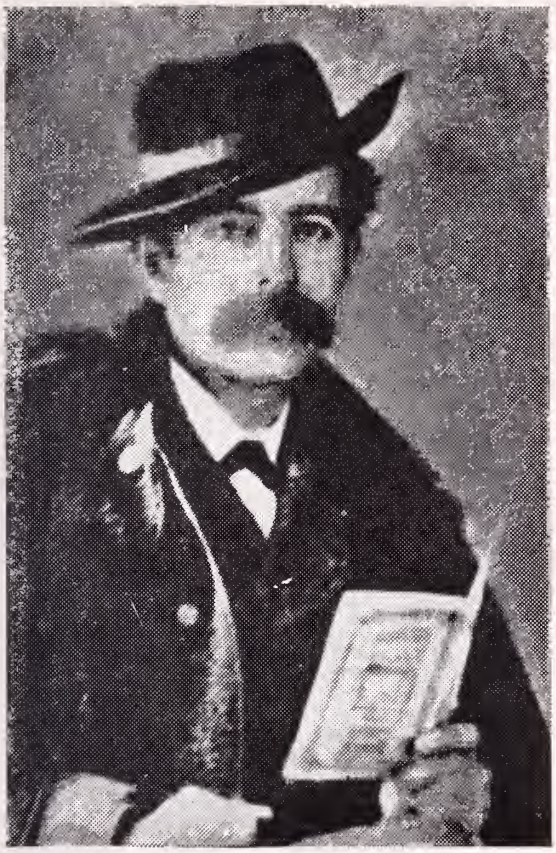
And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager — CHARLESTON, WEST VIRGINIA — TELEPHONE 27-158



Local boy makes good

WHEN THE LATE Ebenezer Hubbard, a patriotic Concord man, left a bequest for a local statue, there luckily happened to be a real sculptor close at hand.

Even more luckily, young Dan French had never yet sculped a whole statue—had, in fact, recently started by whittling on turnips. So he'd take the job for expenses, and glad to get it.

Two years later, Daniel Chester French's first statue went up. And Mr. Emerson, a neighbor, gladly obliged with a little verse to go under it, ending—

"Here once the embattled farmers stood,
And fired the shot heard round the world."

Now, during his great lifetime, Daniel French was to make many more statues, but his fame needs only two to rest secure. One is the massive, brooding figure in the Lincoln Memorial. The other is his first: the big, bold, living bronze of the Minuteman of Concord.

When, in 1941, a symbol of American strength was sought, the President picked the Minuteman. Ever since, the Minuteman has been the emblem of the great savings program that helped—and still helps—keep America and her people safe and secure. This year, the 15th anniversary of U. S. Series E Savings Bonds, finds 40 million Americans owning $40 billions of Bonds. Are you among them? For your own security—and the nation's—invest in Savings Bonds regularly. And hold on to them!

Millions have benefited financially from the great savings idea born 15 years ago! Yes, U. S. Series E Savings Bonds helped buy homes, pay for children's educations, build safe retirement incomes. And they can do as much for you. Because Savings Bonds are a *money-building* investment—and the easiest way to save ever devised! Join the Payroll Savings Plan today, or Buy Bonds regularly where you bank.

Safe as America—U.S. Savings Bonds

PUBLIC SERVICE ADVERTISING COUNCIL

The U.S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

to help you relieve

the severe emotional upset

of the menopausal patient

THORAZINE*

'Thorazine' can facilitate the over-all management of your menopausal patient. Its unique, non-hypnotic tranquilizing effect relieves anxiety, tension, agitated depression and helps you to restore to the patient a feeling of well-being and a sense of belonging.

'Thorazine' is available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

For information write:

Smith, Kline & French Laboratories, Philadelphia 1

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 6
JUNE, 1956
Single Copy, 50c
Per Year, $3.50

In This Issue . . .

Stripping of Varicose Veins With A Double Stripper
By Ray S. Greco, M. D., and Richard E. Flood, M. D.

The Electrocardiogram In Situs Inversus
By David W. Northup, Ph.D., and Edward J. Van Liere, M. D.

Congenital Eventration of the Diaphragm
By Haven M. Perkins, M. D.

Tuberculosis Control and the Private Physician
By Walter E. Vest, M. D.

The Annual Working Conference on School Health
By Fred J. Holter, Ph.D.

COMPLETE CONTENTS ON PAGE IV
INDEX TO ADVERTISERS ON PAGE LII

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Fastest and shortest-acting oral barbiturate

'Seconal Sodium'
(SECOBARBITAL SODIUM, LILLY)

Among its many uses:
- Simple insomnia
- Unruly pediatric patients
- Obstetric patients
- Procedures associated with moderate pain

In 1/2, 3/4, and 1 1/2-grain pulvules and in ampoules, suppositories, and 'Enseals' (Timed Disintegrating Tablets, Lilly); also, Elixir 'Seconal' (Secobarbital, Lilly).

Lilly

E OF PHYSICIANS
LIBRARY
JUN 19 1956
F PHILADELPHIA

help assure optimal nutrition
during gestation...
throughout lactation

NATABEC® KAPSEALS®

vitamin-mineral combination

You can help assure optimal nutrition in your patients during pregnancy and lactation by supplementing their diet with NATABEC Kapseals. Designed to improve intake of important vitamins and minerals at these times of increased nutritional need, NATABEC Kapseals, taken regularly, help avoid complications and aid in safeguarding the health of both mother and child.

dosage: As a dietary supplement during pregnancy and lactation, one or more Kapseals daily. NATABEC Kapseals are available in bottles of 100 and 1,000.

Each NATABEC KAPSEAL represents:

Calcium carbonate	600 mg.
Ferrous sulfate	150 mg.
Vitamin B_{12} (crystalline)	2 mcg.
Folic acid	1 mg.
Vitamin A	4,000 units
Vitamin D	400 units
Vitamine B_1 (thiamine hydrochloride)	3 mg.
Synkamin (vitamin K as the hydrochloride)	0.5 mg.
Rutin	10 mg.
Vitamin B_2 (riboflavin)	2 mg.
Nicotinamide (niacinamide)	10 mg.
Vitamin B_6 (pyridoxine hydrochloride)	1 mg.
Vitamin C (ascorbic acid)	50 mg.

PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

S0062

JUNE
1956

Vol. 52 No. 6

The
WEST VIRGINIA
Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR

Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER

Mr. Charles Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Goge, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

Member 1956

CONTENTS

Scientific Articles

Stripping of Varicose Veins With A Double Stripper—Ray S. Greco, M. D., and R. E. Flood, M. D. 167
The Electrocardiogram in Situs Inversus—David W. Northup, Ph.D., and Edward J. Van Liere, M. D., Ph.D. 169
Congenital Eventration of the Diaphragm—Haven M. Perkins, M. D. 171

Special Articles

Tuberculosis Control and the Private Physician—Walter E. Vest, M. D. 174
The Annual Working Conference on School Health—Fred J. Holter, Ph.D., F.A.S.H.A. 177

The President's Page

Appreciation From the National Foundation—Athey R. Lutz, M. D., President, West Virginia State Medical Association 182

Editorials

Another Milestone 183
Situs Inversus 184
Convention Time—Almost 184
Deductible Hospital Insurance Plan 185
New Honor for Doctor Van Liere 185

General News

The Spring Meeting of the Council 186
Report of AMA Conference and Field Trip 188
32nd State Health Conference 190
New AMA Medical Directory 193
Interprofessional Code Committee Meeting 194
Doctor Laird Receives Honor 196

Special Departments

The Month in Washington xxx
Obituaries xxxi
County Societies xxxiii
Woman's Auxiliary xxxvii
Book Reviews xliii
Directory of Physicians in Limited Practice xlix
Index to Advertisers lii

pronounced

MUSCLE-RELAXING ACTION

Equanil*

MEPROBAMATE

(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)

LICENSED UNDER U.S. PATENT NO. 2,724,720

For significant relief in myositis, osteoarthritis, backstrain, and related conditions marked by:

- ***Muscle spasm***
- ***Stiffness and tenderness***
- ***Restriction of motion***
- ***Pain***

As a superior muscle-relaxant, EQUANIL offers predictable action and full effectiveness on oral administration. It does not disturb autonomic function and is relatively free from gastric and other significant side-effects. Its anti-anxiety property provides important correlative value.

Usual dosage: 1 tablet t.i.d. The dose may be adjusted either up or down, according to the clinical response of the patient.

Supplied: Tablets, 400 mg., bottles of 50.

Wyeth®

Philadelphia 1, Pa.

anti-anxiety factor
with muscle-relaxing action
...relieves tension

KARO® SYRUP... meets all the criteria for effective milk modification

Because Karo Syrup is a balanced fluid mixture of dextrins, maltose, and dextrose, it is well tolerated, easily digested and completely utilized. Its use will not induce flatulence, colic, fermentation or allergy.

Obviously, the selection of a milk modifier for infant feeding depends to a large extent upon the needs of the individual infant. But, after three generations of use, Karo is still a carbohydrate modifier of choice for *all* infants.

From the standpoint of the physician, Karo permits easy adjustment of formula and safe transition from liquid to solid food as circumstances demand.

Mothers appreciate the fact that Karo is readily available, inexpensive and easy to use.

Light or dark Karo Syrup may be used interchangeably, with cow's milk or evaporated milk and water. Each tablespoonful yields 60 calories.

1906 • **50th ANNIVERSARY** • 1956
CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York 4, N. Y.

plateau therapy*...

for hay fever and other allergies

CHLOR-TRIMETON

REPETABS, 8 and 12 mg.

*Because they quickly attain and maintain a prolonged, therapeutic plateau, CHLOR-TRIMETON REPETABS avoid the wave-like levels which may be produced by multiple-release granules or t.i.d. medication ...affording optimal patient comfort.

CHLOR-TRIMETON® Maleate, brand of chlorprophenpyridamine maleate.
REPETABS,® Repeat Action Tablets.

CT-J-766

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

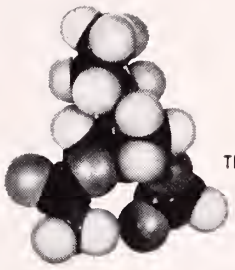
brand

POLYMYXIN B—BACITRACIN OINTMENT

to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.
For ophthalmic use: in ⅛ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.



THE MILTOWN MOLECULE

A tranquilizer well suited for prolonged therapy

NO ORGANIC CONTRAINDICATIONS

reported to date

- well tolerated, non-addictive, essentially non-toxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

Miltown®

the original meprobamate—2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: 400 mg scored tablets. Usual dose: 1 or 2 tablets t.i.d.

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

Literature and Samples Available on Request

clinically proved in many common infections[1-60]

Hemolytic streptococcal infections

Pharyngitis/Tonsillitis/Sinusitis
Otitis media/Mastoiditis
Scarlet fever/Lymphadenitis/Erysipelas

Staphylococcal infections/Pneumococcal infections/Gonococcal infections/Vincent's Infection/Prevention of streptococcal infection in individuals with a history of rheumatic fever/Prevention of secondary infection due to penicillin-susceptible organisms

in dosage of just 1 or 2 tablets t.i.d.

and is far less costly than other penicillin salts

Pentids

SQUIBB 200,000 UNIT BUFFERED PENICILLIN G POTASSIUM TABLETS

Recommended dosage: 1 or 2 tablets t.i.d. without regard to meals. Bottles of 12 and 100.

References: 1. Boger, W. P., J. Amer. Ger. Soc. 3:556, Aug. 1955. 2. Lapin, J. H., Ann. Allergy 13:169, March-April 1955. 3. Andelman, M. B. and Fischbein, W. I., Antibiotic Med. 1: 136, March 1955. 4. Statements of American Heart Association, Council on Rheumatic Fever and Congenital Heart Disease, Circulation 11:317, Feb. 1955. 5. Miller, J. M. et al., Antibiotics Annual 1954-55, Medical Encyclopedia Inc., N. Y., p. 105. 6. Seal, J. R. et al., J. Lab. & Clin. Med. 44:831, Dec. 1954. 7. Martin, W. J. et al., Am. Pract. & Dig. Treat. 5:813, Oct. 1954. 8. Henner, R., Eye, Ear, Nose & Throat Monthly 33:530, Sept. 1954. 9. Rodstein, M. and Young, D., Clin. Med. 61:695, Sept. 1954. 10. Bernstein, S. H. et al., A. M. A. Arch. Int. Med. 93:894, June 1954. 11. Craige, E., North Carolina M. J. 14:593, Dec. 1953. 12. Barach, A. L., J. Amer. Ger. Soc. 1:616, Sept. 1953. 13. Barach, A. L., Geriatrics 8:423, Aug. 1953. 14. Boger, W. P., Indus. Med. & Surg. 22:268, July 1953. 15. Young, D. and Rodstein, M., J.A.M.A. 152:987, July 1953. 16. Queries and Minor Notes, J.A.M.A. 152:1083, July 1953. 17. Roberts, E., A. M. A. Amer. J. Dis. Child. 85: 643, June 1953. 18. Spink, W. W., J.A.M.A. 152:585, June 1953. 19. Huang, N. N. and High, R. H., J. Pediat. 42:532, May 1953. 20. Antibiotics: Round Table Discussion, Pediatrics 11:270, March 1953. 21. Feinberg, B., Rhode Island M. J. 36: 138, March 1953. 22. Flippin, H. F., Delaware State M. J. 25: 55, March 1953. 23. Denny, F. W. Jr., Postgrad. Med. 13:153, Feb. 1953. 24. Flood, J. M., A. M. A. Arch. Dermat. & Syph. 67:42, Jan. 1953. 25. Kohn, K. H., Milzer, A. and MacLean, H., J.A.M.A. 151:347, Jan. 1953. 26. Siegal, S. et al., J. Allergy 24:1, Jan. 1953. 27. Statements of American Heart Association, Council on Rheumatic Fever and Congenital Heart Disease, J.A.M.A. 151:141, Jan. 1953. 28. Keefer, C. S., Pennsylvania M. J. 55:1177, Dec. 1952. 29. Kerrell, W. E., J.A.M.A. 150:1450, Dec. 1952. 30. Levy, D. F., Connecticut State M. J. 16:899, Dec. 1952. 31. Romansky, M. J. and Kelser, G. A., J.A.M.A. 150:1447, Dec. 1952. 32. Thomas L., Minnesota Med. 35:1105, Dec. 1952. 33. Jones, C. C., J. Iowa M. Soc. 42:533, Nov. 1952. 34. Reimann, H. A., Postgrad. Med. 12:255, Sept. 1952. 35. Bunn, P. A., N. Y. State J. Med. 52:2005, Aug. 1952. 36. Finland, M., New England J. Med. 247:557, Oct. 1952. 37. Babione, R. W. et al., U. S. Armed Forces M. J. 3:973, July 1952. 38. Hansen, A. E., South. M. J. 45:423, May 1952. 39. Dowling, H. F., G. P. 5:53, Feb. 1952. 40. Rhoades, P. S., G. P. 5:67, Feb. 1952. 41. Dowling, H. F. and Lepper, M. H., Med. Clin. North Amer., Jan. 1952, p. 247. 42. Karelitz, S. and Schifrin, N., Postgrad. Med. 11:17, Jan. 1952. 43. Panel Discussion, Pennsylvania M. J. 55:42, Jan. 1952. 44. Flippin, H. F. et al., J.A.M.A. 147:918, Nov. 1951. 45. Massell, B. F., Mod. Concepts Cardiovas. Dis. 20:105, Sept. 1951. 46. Weinstein, L., Boston Med. Quarterly 2:1, Sept. 1951. 47. Massell, B. F. et al., J.A.M.A. 146:1469, Aug. 1951. 48. Finland, M., Bull. New York Acad. Med., 27:199, April 1951. 49. Wheatley, D., Brit. M. J. 1:703, March 1951. 50. Keefer, C. S., Postgrad. Med. 9:101, Feb. 1951. 51. Bunn, P. A. et al., J.A.M.A. 144: 1540, Dec. 1950. 52. Weinstein, L. and Perrin, T. S., J. Pediat. 47:844, Dec. 1950. 53. Keefer, C. S., Am. J. Med. 7:216, Aug. 1949. 54. Robinson, J. A., Hirsch, H. L. and Dowling, H. F., Am. J. Med. 4:716, 1948. 55. Barach, A. L. and Garthwaite, B., Ann. Allergy 5:297, Aug. 1947. 56. Herrold, R. D., J. Urol. 57:897, May 1947. 57. White, H. J., Lee, M. E. and Alverson, C., Proc. Soc. Exper. Biol. & Med. 62:35, 1946. 58. Baumann, F. et al., J. Allergy 17:264, Sept. 1946. 59. Gamble, T. O. et al., Am. J. Obst. & Gynec. 50:514, Nov. 1945. 60. Woofter, A. C. and Hoffman, O. E., J. Iowa M. Soc. 35:189, May 1945.

"PENTIDS" ® IS A SQUIBB TRADEMARK

SQUIBB Squibb Quality—the Priceless Ingredient

BON VOYAGE BEGINS WITH BONAMINE*

BRAND OF MECLIZINE HYDROCHLORIDE HCl

longest-acting motion-sickness remedy[1] effective in low dosage . . . controls motion sensitivity symptoms in minutes . . . one dose usually prevents motion sickness for 24 hours.

in recommended dosage Bonamine is notably free from side reactions . . . supplied as: BONAMINE TABLETS, scored, tasteless, 25 mg. . . . BONAMINE CHEWING TABLETS, pleasantly mint flavored, 25 mg.

*Trademark 1. Report of Study by Army, Navy, Air Force Motion Sickness Team: J.A.M.A. 160:755 (March 3) 1956.

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N. Y.

DOCTORS EVERYWHERE NOW KNOW WHY

Viceroys Are Smoother

Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as many filters as the other two largest-selling filter brands. That is why Viceroys are smoother by far—never. never rough. That is why so many doctors now smoke and recommend Viceroys.

Yes, smoother taste because there are

TWICE AS MANY FILTERS IN EVERY VICEROY TIP

as the other two largest-selling filter brands!

Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!

THIS IS HOW

Rauwiloid®

The original alseroxylon fraction of India-grown Rauwolfia serpentina, Benth.

Differs

from all other Rauwolfia preparations

Higher Clinical Efficacy

Rauwiloid represents the balanced, mutually potentiated actions[1] of several Rauwolfia alkaloids, of which reserpine and the equally antihypertensive rescinnamine have been isolated. Hence, contrary to reports from some quarters, reserpine is not the only active principle of the Rauwolfia plant. Rauwiloid contains *all* the active principles, but it is freed of the undesirable dross of the crude Rauwolfia root.

Greater Safety

No single commercially available alkaloid can provide the full efficacy of Rauwiloid together with Rauwiloid's low incidence/low intensity of side actions.[2] For example, mental depression is "much less frequent with alseroxylon..."[2] Rauwiloid is safely used even in the presence of cardiac, renal, and cerebrovascular complications of hypertension.

Simplified Dosage

Dosage is simple...merely two 2 mg. tablets at bedtime. When desired effect has been obtained, one tablet per day often suffices.

Antihypertensive

Bradycrotic

Tranquilizing

1. Cronheim, G., and Toekes, I. M.: Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meet. Am. Soc. Pharmacol. & Exper. Therap., Iowa City, Iowa, Sept. 5, 1955.

2. Moyer, J. H.; Dennis, E., and Ford, R.. Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

Riker

LOS ANGELES

save the cigarette for later... Time was you had to wait for a local anesthetic to take hold —you waited, patient waited, nurse waited. **Now, rapid anesthesia....** Blockain* works so fast that clinicians had to describe it as "immediate" and "almost instantaneous." It's practically an understatement to call its action "rapid." **Longer anesthetic duration....** Besides being able to go to work sooner, you can work at an easier pace. Blockain lasts long enough so you can proceed from incision to closure on one injection. You finish up with a neat suture line undistorted by repeated instillations. The patient leaves uncomplaining and comfortable. ☞ *A busy clinician's experience with Blockain in fourteen cases of Colles' fracture:* A single 2-5 cc. injection of Blockain into the hematoma produced anesthesia in an average of 3 minutes 15 seconds. The average duration of these operations, closed reductions, was 25 minutes. Anesthesia persisted beyond the time required for reduction permitting splints to be applied, postreduction X-rays to be taken and the patients sent home feeling comfortable. **BLOCKAIN,** 30 cc., 0.5% (5 mg/cc.). Your office-ideal local anesthetic. For additional information write GEORGE A. **Breon** & COMPANY, 1450 Broadway, New York 18, N. Y.

*BLOCKAIN® BRAND OF PROPOXYCAINE HYDROCHLORIDE BREON.

in rheumatoid arthritis

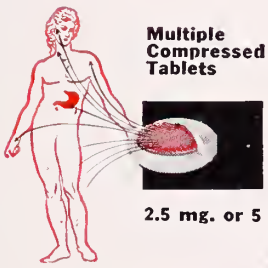
ROUTINE
CO-ADMINISTRATION
MEANS

'Co-Deltra'

(Buffered Prednisone)

'Co-Hydeltra'

(Buffered Prednisolone)



Multiple Compressed Tablets

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

References: 1. Boland, E. W., *J.A.M.A.* **160**:613, February 25, 1956. 2. Margolis, H. M., *et al.* *J.A.M.A.* **158**:454, June 11, 1955. 3. Bollet, A. J., *et al.* *J.A.M.A.* **158**:459, June 11, 1955.

SHARP & DOHME
Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

ALL THE BENEFITS OF THE "PREDNI-STEROIDS" PLUS POSITIVE ANTACID ACTION TO MINIMIZE GASTRIC DISTRESS

Immediate and Sustained

TRANQUILLITY

NEW

Reserpine c̄ Mebaral®

TABLETS

Each tablet contains:

Reserpine ... **0.15 mg.** *for hypothalamic action*
Mebaral ... **30 mg.** *for cortical action*

Indicated in

ANXIETY AND TENSION STATES
PREMENSTRUAL TENSION
MENOPAUSAL SYNDROME
ESSENTIAL HYPERTENSION
ANGINA PECTORIS
CORONARY OCCLUSION

DOSE: 1 tablet 3 times daily. • SUPPLIED: Bottles of 100 tablets.

Relaxation WITHOUT LOSS OF ALERTNESS

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Mebaral (brand of mephobarbital), trademark reg. U.S. Pat. Off.

in rheumatoid arthritis

METICORTEN
(PREDNISONE)

results—*excellent* · edema—*rare*

Schering

Deformed hands of woman with rheumatoid arthritis before therapy. Unable to open hands.

After two weeks on METICORTEN, *patient is free of pain and can open hands completely.*

Acutely swollen, painful knees in man with rheumatoid arthritis before therapy.

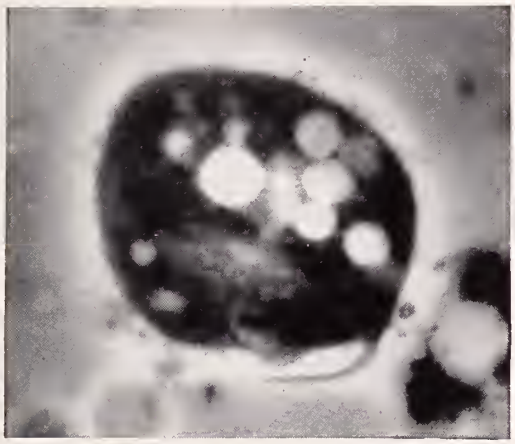
After two weeks on METICORTEN, *swelling of knees is gone and patient can walk without difficulty.*

in corticosteroid therapy permits treatment of more patients

- rarely causes edema or electrolyte side actions
- 3 to 5 times more potent, milligram for milligram, than hydrocortisone or cortisone
- excellent relief of pain, swelling, tenderness; diminished joint stiffness—in rheumatoid arthritis
- excellent relief of bronchospasm, dyspnea, cough; increased vital capacity in asthma
- hormone benefits in respiratory allergies, inflammatory and allergic eye and skin disorders, collagen diseases

METICORTEN is available in 1 mg., 2.5 mg. and 5 mg. white tablets, and as 2.5 mg. and 5 mg. capsules.
METICORTEN,* brand of prednisone. MC-J-614 356 *T.M.

DAVIS TECHNIQUE USING VAGISEC® JELLY AND LIQUID EXPOSES AND EXPLODES TRICHOMONADS HIDDEN AWAY IN RUGAE



Phase-contrast microscope shows a trichomonad in a mucinous vaginal smear.

MANY trichomonacides failed in years past largely because they reached only the parasites swimming freely in the vaginal canal—not those hiding under epithelial cells deep among the vaginal rugae. In fact, some agents actually coagulated the albuminous material lining the surface and protected the trichomonads![1]

Success at last. Today, however, you can overcome this problem because VAGISEC jelly and liquid quickly penetrate to trichomonads' hideaways. You can now treat vaginal trichomoniasis successfully, using the Davis technique. Carl Henry Davis, M.D., eminent gynecologist and author, and C. G. Grand, research physiologist, introduced VAGISEC liquid as "Carlendacide" and had it tested by over 100 well-known obstetricians and gynecologists. Dr. Davis states, ". . . over 90% of apparent cures have been obtained. . . ."[2]

Overpowering action. A chelating agent and two surface-acting agents in VAGISEC liquid, combined in balanced blend, not only reach trichomonads but explode them![3] The three chemicals act to weaken the parasites' cell membranes, to remove waxes and lipids, and to denature the protein. With their cell walls destroyed, trichomonads imbibe water, swell and explode.

The Davis technique.† Dr. Davis recommends a combination of office treatments and home treatments, using both VAGISEC jelly and liquid in home treatments. "A few women have infected cervical, vestibular or urethral glands and require other types of treatment. . . ."[2] It is well to remember the role of the male as carrier of the organism and prescribe protection against re-infection from the husband.[2]

Office treatment. Expose vagina with speculum. Wipe walls dry with cotton sponges and wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton sponges. Dr. Davis recommends six office treatments, three the first week, two the second, and one the third.

Home treatment. Patient douches with solution of VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Treatment is continued through two menstrual periods, but is omitted on office treatment days. Continued douching two or three times a week after therapeutic success helps prevent re-infection. Douching is contraindicated in pregnancy.

Summary. The unique action of a combination of three agents comprising VAGISEC liquid reaches and explodes hidden as well as surface trichomonads. This therapy has a high rate of success and results in fewer flare-ups. VAGISEC jelly and liquid are non-toxic and non-irritating, and leave no messy discharge or stain.

VAGISEC is a registered trade-mark of Julius Schmid, Inc. †Pat. App. for

JULIUS SCHMID, INC.
gynecological division
423 West 55th Street New York 19, N. Y.

Active ingredients: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

1. Davis, C. H.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954.
2. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955.
3. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955.

for a spastic GUT

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

Relax the best way
... pause for Coke

continuous quality is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

Lasker Award statuette

an acknowledgment

We are proud that our television series on the NBC network, "The March of Medicine", has been selected to receive the first Albert Lasker Award in the field of television and radio.

But we feel that those really being honored are you—the physicians and research scientists of America.

Your sense of responsibility to the public—and that of your hospitals, laboratories, and staffs—has made it possible for "The March of Medicine" to report the story of medical progress.

The Lasker Awards heretofore have been bestowed on many of the nation's outstanding medical scientists and journalists. As a member of the pharmaceutical industry, we are particularly grateful for the honor represented by this award.

We are also grateful for the support we have continually received from the American Medical Association, which has cooperated in this series from the very beginning.

Francis Boyer

Francis Boyer
President
Smith, Kline & French Laboratories

Now, for only $4950* G. E. brings you complete 200-ma x-ray facilities

*f.o.b. Milwaukee, U.S.A.

New PATRICIAN diagnostic unit — the low-cost x-ray unit with major features you've always wanted. You get 81-inch angulating table • independent tube stand with choice of floor-to-ceiling or platform mounting • 200 ma-100 kvp, full-wave transformer and control • double-focus, rotating-anode tube. But that's not all.

You're equipped for vertical and horizontal radiography — Bucky and non-Bucky technics —even cross-table and stereo views. Focal-film distances up to full 40 inches at any table angle . . . as great as 48 inches cross-table.

The new PATRICIAN features a counterbalanced fluoroscopic unit with full screening coverage. Even the new automatic reciprocating Bucky is counterbalanced — self-retaining in all table positions.

Contact your General Electric x-ray representative for details or demonstration, and be sure to have him explain the G-E Maxiservice® *rental* plan.

Progress Is Our Most Important Product

GENERAL ELECTRIC

Direct Factory Branches:

CHARLESTON — 5616 MacCorkle Avenue, S.E. PITTSBURGH — 231 South Euclid Avenue

ROANOKE — 202 S. Jefferson Street

your patient should not be endangered by fluid accumulation during "rest periods"

YOUR PATIENT NEEDS AN ORGANOMERCURIAL

When a diuretic must evoke acidosis to be effective, continued administration without dosage limitation results in refractoriness. Other diuretics may require interrupted dosage to avoid gastro-intestinal irritation.

But the sustained diuresis achieved by the organomercurials never necessitates routine "rest periods" because of their mode of action.

TABLET **NEOHYDRIN®**

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure **MERCUHYDRIN® SODIUM**
BRAND OF MERALLURIDE INJECTION

01256

LAKESIDE

magnified potency

with Meti-steroid

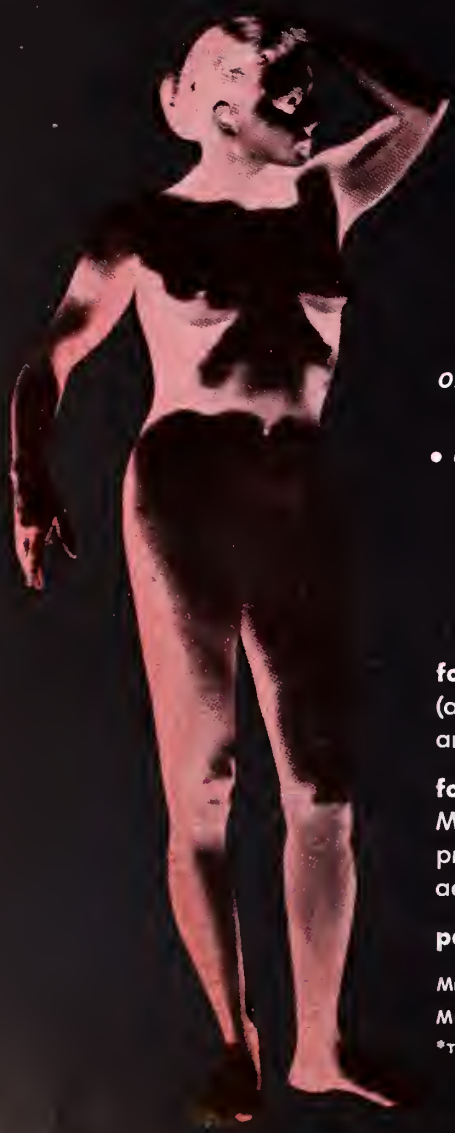
effectiveness in allergic

and inflammatory dermatoses

new

Meti-Derm cream 0.5%

with METICORTELONE, original brand of prednisolone



- *approximately twice the per milligram anti-inflammatory activity of topical hydrocortisone*
- *cosmetically acceptable*
- *water-washable*

for effective local relief of allergic (atopic and contact) dermatoses, nonspecific anogenital pruritus.

formula: Each gram of water-washable METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a cosmetically acceptable base.

packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.

METI-DERM,* brand of prednisolone topical.

METICORTELONE,® brand of prednisolone.

*T.M.

...and adding dual control

to Meti-steroid skin therapy—

protection

against infection

new

Meti-Derm ointment

with Neomycin

enhanced effectiveness

in allergic, inflammatory

dermatoses when

minor infection

is present

or anticipated

neomycin in addition to prednisolone, free alcohol
—for protective coverage against virtually all pathogenic skin bacteria with a well-tolerated, *topical* antibiotic.

formula: Each gram of water-washable METI-DERM Ointment with Neomycin contains 5 mg. (0.5%) prednisolone, and 5 mg. (0.5%) neomycin sulfate equivalent to 3.5 mg. neomycin base.

packaging: METI-DERM Ointment with Neomycin, 10 Gm. tube.

Schering

MD-J-656

"Doctor"

Give Us Your Transportation Worries

OUR BENEFITS
TO YOU ARE
COMPLETE
RELEASE OF CAPITAL

New Automobiles
Any Make

No Worries Over
Taxes . . . Fees
Service Cost
Insurance
Repairs
License Fees
Tawing Cost
Anti-Freeze
Battery Replacements
Tire Replacements
Inspection Registration
Fees

Piedmont Plan

FOR THE

MEDICAL
PROFESSION
EXCLUSIVELY

For Most of You, All This
Is 100% Tax Deductible

WE COVER
YOU WITH—
LIABILITY INSURANCE
of, 100,000/300,000
Bodily Injury and
50,000 for Property
Damage

You Are Protected
With 100% Coverage
On Collision, Fire
and Theft Insurance

If your Car
Is Out of Service, You
Are Provided With a
Replacement

All Repairs, Tire &
Battery Replacement
Are Purchased In
Your Home Town

We are as near as your Telephone!

If You Would Like to Have Our Doctor's Leasing Plan Explained to You In Detail, Please Call or Write. We will Manage to Have One of Our Representatives Call On You at Your Convenience.

Piedmont

Auto and Truck Rental, Inc.

P. O. BOX 427
DURHAM, NORTH CAROLINA

212 MORGAN STREET
PHONE 2-3905

G. B. Griffith, President

W. A. Gay, Exec. Vice President

The
NEW
Phenothiazine
Derivative

Sparine*

Promazine Hydrochloride
10-(γ-dimethylamino-*n*-propyl)-phenothiazine hydrochloride

For the Management of the Acutely Agitated Patient

• ***The acute alcoholic*** • ***The acute psychotic*** • ***The drug addict***

A promising new agent in chemopsychotherapeutics, SPARINE has demonstrated impressive effectiveness in controlling acute excitation without inducing significant side-reactions.[1,2,3]

SPARINE is a new, clinically effective phenothiazine derivative, which may be administered intravenously, intramuscularly, or orally. The route and dosage are determined by the extent of central-nervous-system excitation and by the patient's response.

Supplied: Tablets, 25, 50, and 100 mg., bottles of 50 and 500; 200 mg., bottles of 500. Injection, 50 mg. per cc., vials of 2 and 10 cc.

1. Seifter, J., et al.: To be published. 2. Fazekas, J.F., et al.: M. Ann. District of Columbia **25**:67 (Feb.) 1956. 3. Mitchell, E.H.: J.A.M.A. In press.

Wyeth®
Philadelphia 1, Pa.

*Trademark

An Exclusive Development of Wyeth Research

WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram

No drug.

After Raudixin. E. E. G. not altered.

After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

RAUDIXIN

Squibb Whole Root Rauwolfia Serpentina

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

SQUIBB *Squibb Quality—the Priceless Ingredient* "RAUDIXIN"® IS A SQUIBB TRADEMARK

BETTER

results are obtained with STERANE[1]—3 to 5 times more active than hydrocortisone or cortisone.

BREATHING

capacity is greatly enhanced. "Relief of symptoms is more complete and maintained for longer periods with relatively small doses."[2]

BALANCE

of minerals and fluids usually remains undisturbed. This proves "especially advantageous in those patients with cardiac failure requiring therapy . . ."[3]

in bronchial asthma

Sterane®

brand of prednisolone

Supplied: White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

when
the condition
requires
a reliable
antiseptic

Lilly
QUALITY / RESEARCH / INTEGRITY

660005

specify

'Merthiolate'

(THIMEROSAL, LILLY)

'Merthiolate' is highly active under virtually all conditions; is relatively nonirritating and nontoxic

'Merthiolate' is germicidal in dilutions up to 1:4,000 in serum media and is relatively nonirritating in the concentrations suggested for use. It also maintains its activity in the presence of soaps. The fact that 'Merthiolate' is used as a bacteriostatic agent in fluids for parenteral administration gives strong evidence of its safety.

ELI LILLY AND COMPANY

80TH ANNIVERSARY 1876 • 1956

IMPORTANT RESEARCH CONTRIBUTION

Searle Introduces:

A Practical New Steroid for Protein Anabolism

Nilevar*

(BRAND OF NORETHANDROLONE)

PROTEOGENIC EFFECTIVENESS • The newest Searle Research development, Nilevar, exerts a potent force in protein anabolism. Yet it is without appreciable androgenic effect (approximately one-sixteenth of that exerted by the androgens).

Investigations with Nilevar show that nitrogen, potassium and phosphorus are retained in ratios indicating protein anabolism. Nilevar is thus the first steroid which is primarily anabolic and which provides a practical means of meeting the numerous demands for protein synthesis.

NILEVAR IS ORALLY EFFECTIVE • Clinical response to Nilevar is characterized not only by protein anabolism but also by an increase in appetite and an improved sense of well-being.

SAFETY AND PRECAUTIONS • Nilevar has an extremely low toxicity. Laboratory animals fail to show toxic effects after six months of continuous administration of high dosages. Nilevar should not be administered to patients with prostatic carcinoma. Nausea or edema may be encountered infrequently.

DOSAGE • The daily *adult* dose is three to five Nilevar tablets (30 to 50 mg.) but up to 100 mg. may be administered. For *children* the daily dose is 1 to 1.5 mg. per kilogram of body weight. Individual dosages depend on need and response to therapy. Nilevar is available in 10 mg. tablets. G. D. Searle & Co., Research in the Service of Medicine.

INDICATIONS:

Nilevar is indicated in the vast area of surgical, traumatic and disease states in which protein anabolism is desirable for hastening recovery. The specific indications are:

1. **Preparation for elective surgery.**
2. **Recovery from surgery.**
3. **Recovery from illness: pneumonia, poliomyelitis and the like.**
4. **Recovery from severe trauma or burns.**
5. **Nutritional care in wasting diseases such as carcinomatosis and tuberculosis.**
6. **Domiciliary care of decubitus ulcers.**
7. **Care of premature infants.**

*Trademark of G. D. Searle & Co.

SEARLE

The Month in Washington

• From the Washington office of the American Medical Association.

Veterans' Pensions

As might be expected, a presidential commission's report on veterans' pensions that also goes into the subject of non-service connected medical benefits is stirring up another controversy.

The President's Commission on Veterans Pensions, headed by Gen. Omar Bradley, World War II leader and postwar Veterans Administrator, conducted a study covering more than a year in time and a wide range of subjects. It produced a 415-page report and a total of 70 recommendations.

The seven-man commission's report has this basic premise: military service in time of war or peace should be treated as discharging an obligation of citizenship and not of itself as a basis for future government benefits.

The commission made this additional point: ". . . under conditions of modern technology and warfare, the national defense might be served equally well by a civilian in a scientific laboratory or a war plant as by a uniformed serviceman—and in view of total war and atomic weapons, perhaps with greater personal hazard to the civilian. This further suggests that the special needs that veterans have because of military service should not be confused with the needs that all citizens have in common for such things as education, health services and economic security."

With this in mind, the commission proposes the gradual elimination of non-service connected benefits and observes: "Their justification is weak and their basic philosophy is backward looking rather than constructive." Such benefits, it adds, should be limited to a minimum level and retained only as a reserve line for veterans who fail to qualify for basic protection under Old Age and Survivors Insurance (Social Security).

The commission then goes one step farther by recommending an end to the present automatic "presumption of service-connection" procedure. Now presumption of service connection is automatic and mandatory for certain diseases if the condition is diagnosed within a specific period of time following discharge. Instead, the commission would substitute medical determination for chronic and tropical diseases, psychoses, tuberculosis and multiple sclerosis, with each case decided on its own merits.

Other recommendations: (1) increased reliance on the OASI system for certain veterans benefits, (2) prompt counseling of all veterans placed on compensation rolls as to VA and federal-state rehabilitation programs, and (3) requirement of reasonable medical or surgical treatment before payment of compensation.

Representatives of veterans groups called before the House Veterans Affairs Committee to comment on the Bradley study complained that some of its proposals would be "extremely destructive" to certain aspects of veterans compensation.

Would Tighten Controls Over Narcotics

Two committees of Congress, after long studies of problems of narcotics, barbiturate and amphetamine addiction, have come up with recommendations that the U. S. tighten penalties on narcotics peddling and smuggling, outlaw heroin and set up a central unit in the Federal Bureau of Narcotics to keep track of known addicts. The proposals were made by the Senate Judiciary committee and a House Ways and Means subcommittee.

The House committee also suggested a law for more stringent controls over barbiturates and amphetamines. The Senate committee rejected the proposal backed by the New York Academy of Medicine for "clinics" where known addicts could go for regular doses of narcotics.

Increased Use of Salk Vaccine Urged

U. S. Public Health Service is advising private physicians as well as health officers to increase their use of Salk poliomyelitis vaccine. Although supplies now lag behind demand, the expectation is that before the summer is out the situation will be reversed. In line with this recommendation, PHS is urging that physicians use what supplies they have on hand immediately, depending on future production to take care of second and third shots.

Pay Increases for Physicians in Uniform

Because the President signed the military career incentive bill promptly, physicians in uniform received their pay raises starting May 1. The minimum boost (after two years' service) is $50 per month, the maximum (after 10 years) $150.

Loans for Nursing Homes and Medical Facilities

Private-profit nursing homes, hospitals and some other medical facilities soon will have an opportunity to obtain U. S. loans from the Small Business Administration. The limit is $250,000 per project, the interest rate usually 6 per cent.

OBITUARIES

CHARLES MORRIS HAWES, M. D.

Dr. Charles Morris Hawes, 77, formerly of Huntington, died at his home in Washington, North Carolina, April 20, 1956. He had been in ill health for several months.

Doctor Hawes was born May 21, 1878 in Richmond, Virginia, son of the late George Percy and Jeannie (Wortham) Hawes. After completing his pre-medical education at Virginia Military Institute, he enrolled at the University of Virginia School of Medicine, Charlottesville, and received his M. D. degree there in 1900.

He served his internship at the C. & O. hospitals in Huntington and Clifton Forge, Virginia, 1900-1902.

He had postgraduate work at the Brooklyn Eye and Ear Hospital, Brooklyn, New York, 1905-06, and in 1906 opened his offices in Huntington for the practice of his specialty of EENT.

In 1918, Doctor Hawes formed a partnership with the late Dr. F. O. Marple, and they operated the Hawes-Marple Hospital, which was built in Huntington in 1920.

Doctor Hawes left Huntington several years ago when he retired from active practice.

He was an honorary member of the Cabell County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his widow, he is survived by two sons, Dr. James Hawes of Washington, D. C., and Charles Hawes of New York City, and a step-daughter, Mrs. D. Skinner of Danville, Virginia.

* * * *

SIMON W. RIDDEL, M. D.

Dr. Simon W. Riddel, 86, of Grantsville died at his home in that city, May 9, 1956, following a long illness.

Doctor Riddel received his M. D. degree from Baltimore University School of Medicine in 1905 and served his internship at Johns Hopkins Hospital.

He was licensed in West Virginia in 1908 and located at Big Bend, in Calhoun County. Subsequently, he moved to Arnoldsburg, and in 1923 located at Grantsville, where he remained in active practice until compelled to retire on account of illness.

Doctor Riddel was a veteran of the Spanish-American War..

He is survived by his widow, Hettie (Wolverton) Riddel; three sons, Clyde of Akron, Ohio, James of St. Marys, and Forrest of Grantsville; and a brother, John Riddel of Grantsville.

* * * *

EDWARD ELMER SHAFER, M. D.

Dr. Edward Elmer Shafer, 79, of Huntington, died at a hospital in that city April 19, 1956.

Doctor Shafer was born October 12, 1876 in Lawrence County, Ohio, son of the late Charles Wesley and Martha (Russell) Shafer. He received his M. D. degree from the University of Cincinnati College of

Upjohn
KALAMAZOO

Indicated in most conditions in which oral cortisone or hydrocortisone is effective. Available in 2.5 mg. tablets in bottles of 100, and in 5 mg. tablets in bottles of 30, 100, and 500. Usual dosage is ½ to 1 tablet three or four times daily

Deltasone*

*Trademark for the Upjohn brand of prednisone (delta-l-cortisone)

WE CORDIALLY INVITE YOUR INQUIRY

for application for membership which affords protection against loss of income from accident and sickness, as well as benefits for hospital expenses for you and all your eligible dependents.

SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS
SURGEONS
DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,600,000 PAID FOR BENEFITS
SINCE ORGANIZATION

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

Medicine in 1904 and located for general practice at Willow Wood, Ohio. He moved to Huntington in 1910, where he remained in active practice for more than forty years. He was one of the first four staff physicians at St. Marys Hospital in Huntington when it was opened in 1924.

Doctor Shafer was a veteran of World War I, having served with the rank of Captain in the Medical Corps of the Army. He was a staff physician at a base hospital overseas until it closed in July 1919.

He was an honorary member of the Cabell County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by a son, Professor Berkeley R. Shafer of Marshall College, Huntington.

7th B-R-T Postgraduate Session At Elkins, June 21

An interesting program has been arranged for the Seventh Annual Postgraduate Session of the Barbour-Randolph-Tucker Medical Society, which will be held at the Tygart Valley Country Club, near Elkins, on Thursday, June 21, 1956, with the president, Dr. Donald R. Roberts, presiding.

The following scientific program will be presented at the afternoon session, with Dr. Vernon E. Duckwall of Elkins as moderator:

Scientific Program

"Pre- and Post-Operative Medical Management of the Surgical Child."—Fredric G. Burke, M. D., Professor of Pediatrics, Georgetown University, Washington, D. C.

"Ear Problems of Interest to the Physician."—Douglas G. Hayden, M. D., Associate Professor of Otolaryngology, Medical College of Virginia, Richmond.

"Clinical Features of Aortic Insufficiency."—W. Proctor Harvey, M. D., Associate Professor of Medicine, Georgetown University, Washington, D. C.

"Endrocrinological Aspects of Disorders of the Blood."—Leandro M. Tocantis, M. D., Professor of Clinical and Experimental Medicine, Jefferson Medical College, Philadelphia.

A short question and answer period will follow each address, with the moderator in charge.

Dr. W. B. Rossman Banquet Speaker

A social hour is scheduled for five o'clock, with Kloman Instrument Company, of Charleston, and McLain Surgical Supply, Inc., of Wheeling, as hosts.

Dr. William B. Rossman of Charleston will be the guest speaker at the banquet, which will be served at the Country Club at 6:30 P. M. His subject will be "Portrait of a Broadway Psychiatrist." An Elkins attorney, Jacob S. Hyer, will be the toastmaster.

The committee on arrangements is composed of Dr. Robert R. Rector, chairman, and Drs. Charles L. Leonard, Elmer E. Myers, Arch C. Thompson, Donald G. Burke, Eugene Hutton, William G. Harper, Raymond W. Cronlund and Herman Seltz.

COUNTY SOCIETIES

BARBOUR-RANDOLPH-TUCKER

Dr. Willard Pushkin of Charleston was the guest speaker at the regular monthly meeting of the Barbour-Randolph-Tucker Medical Society which was held at Fellowship Hall in Philippi on Thursday, April 19.

The speaker, who was introduced by Dr. A. C. Thompson of Elkins, presented a paper on the subject of "Arthridides." He classified these into the following eight groups: Microbial, rheumatic fever, rheumatoid, osteo, traumatic, Collegen diseases, gout, and non-articular rheumatism.

Doctor Pushkin discussed each of these groups at some length as to diagnosis and care. Following his talk, there was a short question and answer period.

Dr. Donald R. Roberts, the president, presided at the business meeting held following the scientific program. Twenty-five members of the Society attended the meeting.—A. C. Thompson, M. D., Secretary.

* * * *

CABELL

The April meeting of the Cabell County Medical Society was in the nature of a Symposium on Rheumatic Fever.

Dr. Rowland H. Burns was moderator of the meeting, which was held April 12 in the Georgian Terrace Room of the Hotel Federick in Huntington. Drs. Jack Leckie, Walter K. Yates, John F. Morris and M. Lawrence White, Jr. served as members of the panel during the discussion which followed the presentation of a paper by Dr. William L. Jamison of Charleston on the subject of "Surgical Treatment of Mitral Stenosis."

At the business session which followed the scientific program, an amendment to the constitution and by-laws providing for the creation of a budget committee was adopted.

It was announced by Dr. Francis A. Scott that Dr. Frank C. Hodges has accepted appointment on a part-time basis as director of the Red Cross Blood Bank. He reminded the members of the Society that all active members are being requested to serve in alphabetical rotation as supervising medical attendants at the Red Cross Blood Center.

The president, Dr. Thomas G. Folsom, introduced Dr. George M. Lyon, the new manager of the Veterans Administration Hospital in Huntington. He is a former member of the Cabell County Medical Society, practicing his specialty of pediatrics in Huntington for several years prior to World War II. He has recently been serving as assistant chief of the department of medicine and surgery of the Veterans Administration, with headquarters in Washington, D. C.—Ronald E. Crissey, M. D., Secretary.

* * * *

FAYETTE

Dr. Robert T. Linger of Charleston was the guest speaker before the regular meeting of the Fayette

POWERFUL ANALGESIA

no habituation

DESOMIDE

DESOMIDE tablets relieve *severe pain* month after month without danger of narcotic addiction. Relief is almost immediate and is sustained about 7 hours.
Potent non-narcotic analgetic Dipyrone works synergistically with pain alleviating Salicylamide and mood elevating dl-Desoxyephedrine Hcl. In many cases you can substitute DESOMIDE for morphine, codeine, and other habit-forming narcotics and barbiturates.

Desamide samples and literature on request.

Indications: orthritis, neuritis, musculaskeletal pain, biliary and renal colic, gaut, bursitis, inflammatian, childbirth, childbirth afterpains, and other painful symptoms.

Desomide Mallard: white round, divided tablet containing Dipyrane 100 mgs., Salicylamide 100 mgs., dl Desaxyephedrine Hcl 1.5 mgs.
AVAILABLE: Bottles, 100, 1000.

There's always a Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

Doctor:

Does the Antacid you prescribe for Peptic Ulcer cause your patient to suffer from habitual constipation?

IF SO, CHANGE NOW TO

MAJEL

Contains:

Aluminum Hydroxide	4%
Magnesium Trisilicates	6%
Methocel	4%
Magnesium Oxide	1%

with aromatics

Average Dose: 1 or 2 teaspoonsful with a little water, three or four times daily, between meals or as directed by physician.

MAJEL combines the rapid neutralizing action of Magnesium Oxide with the slower prolonged action of Aluminum Hydroxide and Magnesium Trisilicates, and in addition the bulk evacuative action of Methylcellulose.

Packed in 12 ozs. and Gallons.

Also Available In

MAJEL TABLETS

Contains:

Aluminum Hydroxide Gel	2 grs.
Magnesium Trisilicate	3 grs.
Methocel	2½%
Magnesium Oxide (Heavy	½ gr.

Average Dose: 1 to 2 tablets with water 3 or 4 times daily, or as the physician otherwise directs.

•

"Our 28th Year"

•

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue **Phones: 28341 - 28342**

HUNTINGTON, WEST VIRGINIA

County Medical Society, held February 10 at Hawks Nest Country Club. His subject was, "Vascular Arteriography and Diagnosis of Periphero-Vascular Disorders."—R. DeWitt Peck, M. D., Secretary.

* * * *

HARRISON

Dr. Joseph Biddix, professor of oral diagnosis at the University of Maryland School of Dentistry, was the guest speaker at the May meeting of the Harrison County Medical Society. Members of the Harrison County Dental Society were guests at the dinner meeting, which was held at the Stonewall Jackson Hotel on May 3.

The speaker's subject was, "Foci of Infection as Related to General Medicine and Dentistry." Doctor Biddix was introduced by Dr. E. Burl Randolph.

Dr. Joseph Gilman, the president, presided at the meeting, which was attended by more than 50 physicians and dentists.—Lawrence B. Thrush, M. D., Secretary.

* * * *

KANAWHA

Dr. John Sheldon, Professor of Medicine at the University of Michigan Medical School, was the guest speaker at the May meeting of the Kanawha Medical Society held at the Daniel Boone Hotel in Charleston on May 8. Doctor Sheldon, who is a past president of the American Academy of Allergy, spoke on the subject of "Drug Reactions."

Dr. Russell L. Heinlein and Dr. Miroslav Kovacevich, both of Charleston, were elected to membership in the Society.—Carl B. Hall, M. D., Secretary.

* * * *

MERCER

Dr. Athey R. Lutz, President of the West Virginia State Medical Association, was the guest speaker at the regular monthly meeting of the Mercer County Medical Society on April 16. The dinner meeting was held at the Bluefield Auditorium Restaurant, and was preceded by a social hour for members and guests.

The speaker was introduced by Dr. Frank J. Holroyd of Princeton. Doctor Lutz discussed health, accident and family insurance, and reviewed the work of the Blue Cross-Blue Shield plans in West Virginia. He said he believed that a deductible plan would provide a possible solution to increasing Blue Cross rates.

Doctor Lutz stated that it is very important that malpractice committees be established in all county medical societies. He said that there would undoubtedly be a tendency to decrease malpractice insurance rates in areas where such committees are organized.

Dr. E. Lyle Gage of Bluefield gave a detailed report of the Blue Cross-Blue Shield insurance meeting which was held in Miami, Florida, early in April.

The Mercer County Medical Society, the McDowell County Medical Society, and the Tazewell and Giles County (Virginia) Medical Societies were hosts at a buffet dinner on May 4 in honor of visiting physicians and lay officials of the AMA and county and state medical associations who were at the time touring the bituminous coal mine area in parts of Virginia and

West Virginia. The tour was sponsored by the AMA Councils on Medical Service and Industrial Health.

The dinner was held at the Bluefield Country Club on May 4, and was preceded by a social hour. More than 100 members and guests attended the meeting.

Dr. J. P. Champion of Princeton, the president, presided at the meeting and Dr. Frank J. Holroyd of Princeton introduced members of the AMA Committee on Medical Care for Industrial Workers, various UMW Area Medical Administrators, and other visiting dignitaries.

Dr. W. A. Sawyer of Rochester, New York, who is chairman of the AMA Committee on Medical Care for Industrial Workers, explained the functions of that committee. He also outlined the purpose of the field trips into the bituminous coal mine area, which ended with a conference at the Daniel Boone Hotel in Charleston on May 6.—John J. Mahood, M. D., Secretary.

* * * *

OHIO

Dr. Joseph L. Curry of Wheeling, a member of the staff of the Ohio Valley Genceral Hospital, was the guest speaker at a meeting of the Ohio County Medical Society held at the Elks Club in that ctiy on April 24. The meeting was held in connection with National Medical Education Week.

The speaker's subject was, "Sixty Years of X-Ray," and he explained the important role which the x-ray has played in medical progress and education since its discovery in 1895. Doctor Curry elaborated on the development and modernization of x-ray equipment, and how new discoveries in electronics have made possible medical applications never before available.

In connection with the theme of National Medical Education Week, the speaker discussed the vital role of the x-ray in the training of medical students in this country.

Members of the society were guests at a banquet which preceded the scientific program. The president, Dr. George R. Armbrecht of Wheeling, presided at the meeting.—W. E. McNamara, Jr., M. D., Secretary.

Freedom For Philanthropy

Philanthropic giving is a unique characteristic of this country. In no other nation have private citizens rallied to support medical research and provide aid for the handicapped and unfortunate on the scale that we have achieved.

In other countries, where such programs are carried on at all, they usually become a function of governmental agencies supported through taxation. Any step which may threaten this desirable American tradition should be taken cautiously.

Which agencies one should support is a question that no person can answer for another. Each individual differs in his approach to a given cause. Some may think one far more worthy than another—and give in that ratio. Some, through personal experience, may feel that an agency is not worthy of his support. That is, and should be, his decision to make.—G. Ray Higgins in Minnesota Medicine.

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

Congress Of Physical Medicine To Meet, Sept. 9-14

The 34th annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held September 9-14, in Atlantic City, N. J.

Scientific and clinical sessions are scheduled for each day during the meeting. All sessions will be open to members of the medical profession in good standing with the American Medical Association. Headquarters for the convention will be the Ambassador Hotel.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to Miss Dorothea C. Augustin, Executive Secretary, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

Small deeds done are better than great deeds planned.—Peter Marshall.

WANTED—Physician for locum tenens practice during the month of July 1956. General practice in a small town. Write Edward D. Gibson, M. D., Iaeger, West Virginia. Phone 4421.

"...THE MERCURIALS HAVE PROLONGED THE WORKING PERIOD AND LIFE SPAN OF COUNTLESS SUFFERERS FROM CONGESTIVE HEART FAILURE..."*

TABLET
NEOHYDRIN®

*Fishberg, A. M.: Hypertension and Nephritis, ed. 5, Philadelphia, Lea & Febiger, 1954, pp. 177-178.

00756

WOMAN'S AUXILIARY

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. Paul P. Warden, Grafton
President Elect: Mrs. J. E. Spargo, Jr., Wheeling
First Vice President: Mrs. George T. Evans, Fairmont
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Lynwood D. Zinn, Clarksburg
Fourth Vice President: Mrs. John F. Morris, Huntington
Treasurer: Mrs. George Miyakawa, Charleston
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. R. D. Stout, Grafton
Parliamentarian: Mrs. J. Preston Lilly, Charleston

SPRING MEETING OF EXECUTIVE BOARD

Delegates to the annual meeting of the Woman's Auxiliary to the American Medical Association in Chicago, June 9-15, were named at the spring meeting of the Executive Board of the Woman's Auxiliary to the West Virginia State Medical Association, which was held in Martinsburg, April 17. The following members of the Auxiliary will serve as delegates:

Mrs. W. Paul Elkin of Charleston, Mrs. J. C. Huffman of Buckhannon, Mrs. Charles L. Goodhand of Parkersburg, Mrs. Ross P. Daniel of Beckley, and Mrs. J. E. Spargo, Jr., Mrs. W. E. McNamara, Jr., and Mrs. R. W. W. Phillips of Wheeling.

During the meeting the following recommendations were made:

That the amount held in the Jane Todd Crawford Memorial Fund be transmitted to the American Medical Education Foundation and earmarked for West Virginia University;

That the county achievement report and credit awards be dispensed with on a competitive basis and that in their stead a suggested list of achievements be adopted for the guidance of presidents of local auxiliaries; and, that sufficient funds be appropriated for the Legislative Committee to defray expenses during the current year.

It was also recommended that Article III, Section 7 of the By-Laws be amended as follows:

"To be eligible for election, succession, or appointment as President, President-elect, or First Vice-president, a member must have served (a) as President of a county auxiliary by virtue of which she is an active member of this auxiliary and, (b) as an officer or a chairman of a standing committee of this auxiliary for one year.

"To be eligible for election, succession, or appointment as Second, Third, or Fourth Vice-president, a member must have served (a) as President of a county auxiliary by virtue of which she is an active member of this Auxiliary and, (b) as an officer or a chairman of a standing or special committee of this auxiliary for one year."

An open house was held at the home of Mrs. John H. Kilmer on Monday evening, April 16. A luncheon was given at the Hotel Shenandoah on Tuesday, April 17 for members of the Board and the Eastern Panhandle Auxiliary.

The president of the state auxiliary, Mrs. Paul P. Warden, presided at the Board meeting, which was attended by members and representatives from local auxiliaries over the state.

Mrs. Paul P. Warden, president of the state auxiliary, attended the annual convention of the Auxiliary to the Ohio State Medical Association in Cleveland, April 10-12, and also attended the 7th annual conference of the Woman's Auxiilary to the Medical and Chirurgical Faculty of the State of Maryland, in Baltimore, May 2-4.—Mrs. J. Paul Aliff, State Chairman, Press and Publicity.

* * * *

CABELL

More than 250 doctors and their wives attended the annual "Doctor's Day" dinner in Huntington on March 24. The dinner was sponsored by the Woman's Auxiliary to the Cabell County Medical Society. Mrs. Wilson P. Smith served as chairman of the affair.

The regular monthly meeting of the Woman's Auxiliary to the Cabell County Medical Society was held at the Hotel Frederick in Huntington on April 10. After a report by the nominating committee, the following officers were elected to serve during 1956-57: Mrs. W. D. Bourn, president elect; Mrs. Ronald E. Crissey, vice president; and Mrs. W. B. MacCracken, treasurer. The new officers will be installed at the May meeting.

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO, NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

It was announced that the sum of $300, which the Auxiliary realized from the sale of Christmas cards, had been sent to the American Medical Education Foundation.—Mrs. Jos. M. Farrell, Correspondent.

* * * *

GREENBRIER

A luncheon meeting of the Woman's Auxiliary to the Greenbrier Valley Medical Society was held at the home of Mrs. R. Morris Ferrell in Lewisburg on April 17. Mrs. E. J. Morhous of White Sulphur Springs, the president, presided at the meeting.

The topic for discussion was the Student Nurse Fund, which is a project of the Auxiliary this year. The loan fund is for the benefit of student nurses who might otherwise be unable to complete their training.

Proceeds of an auction held during the afternoon were turned over to the Student Nurse Fund.

The meeting was attended by 14 members. Serving as co-hostesses with Mrs. Ferrell were Mesdames D. G. Preston, W. D. Irvine and George L. Lemon, all of Lewisburg, and Mrs. Lee B. Todd of Quinwood.

Plans were made for the annual "Doctor's Day" Picnic which will be held in August.—Mrs. E. T. Cobb, Publicity Chairman.

* * * *

HARRISON

Mrs. Andrew J. Weaver of Clarksburg was installed as president of the Woman's Auxiliary to the Harrison County Medical Society at the May meeting which was held at the Stonewall Jackson Hotel on May 3.

Other officers installed were, Mrs. Jack Gocke, president elect; Mrs. L. Dale Simmons, vice president; Mrs. John D. H. Wilson, secretary; and Mrs. David M. Robinson, treasurer.

Installation ceremonies were in charge of Mrs. George T. Evans of Fairmont, first vice president of the Woman's Auxiliary to the West Virginia State Medical Association. Mrs. Joseph Gilman, the retiring president, presided at the meeting which was attended by 32 members.—Mrs. Creed C. Greer, Correspondent.

* * * *

KANAWHA

Officers of the Woman's Auxiliary to the Kanawha Medical Society who will serve during 1956-57 were installed by Mrs. A. J. Villani of Welch, second vice president of the Auxiliary to the State Medical Association, at a luncheon meeting at the home of Mrs. A. C. Chandler in Charleston on May 8.

Mrs. W. Paul Elkin of Charleston is the new president and she succeeds Mrs. John T. Jarrett of that city. Other officers were installed as follows:

President elect, Mrs. J. Paul Aliff; first vice president, Mrs. M. F. Jarrett; second vice president, Mrs. S. L. Bivens; third vice president, Mrs. Joseph A. Smith; corresponding secretary, Mrs. George A. Shawkey; recording secretary, Mrs. George Miyakawa; and treasurer, Mrs. W. C. Polsue.

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia ***Telephone WI 9-4842***

Mrs. Jarrett, the retiring president, presided at the business session following the luncheon, and a report of the year's work was given by Mrs. Chandler, who has been serving as historian.

Projects of the Auxiliary during 1955-56 included provision of funds for scholarships for nurses, the maintenance of the Nurses' Revolving Loan Fund, and the donation of more than 3,000 articles of clothing to needy school children.

Other projects included assistance in making hearing tests available for more than 700 school children. In addition, the Auxiliary donated dressings, bandages and other items to the Kanawha-Charleston Health Department.

During the meeting, four young women who will graduate from area high schools late in May were presented with scholarships to Charleston Nursing Schools, the presentation being made by Mrs. E. W. Squire, nurse recruitment chairman. Scholarships were awarded to Misses Mary Hester Woodrum of Charleston High, Carol Ann Loges of Stonewall Jackson, Nancy Lee Holman, DuPont, and Shirley Eva Kirkpatrick, East Bank.—Mrs. John W. Hash, Correspondent.

* * * *

McDOWELL

Seventy-five members and guests attended the annual "Doctor's Day" dinner, sponsored by the Woman's Auxiliary to the McDowell County Medical Society and held on April 27.

A dance followed the dinner. Mesdames F. L. Johnson, J. H. Anderson and J. H. Burke were hostesses for the occasion.—Mrs. Charles William Fey, Correspondent.

* * * *

MARION

New officers of the Woman's Auxiliary to the Marion County Medical Society were installed by Mrs. George T. Evans, first vice president of the Woman's Auxiliary to the State Medical Association, at a dinner meeting held at the Fairmont Hotel on April 23.

Mrs. Jack C. Morgan is the new president, Mrs. Robert B. Hamilton, president elect, Mrs. Robert J. Sidow, vice president, Mrs. Frank W. Mallamo, treasurer, and Mrs. Kenneth D. Bailey, recording secretary.

Mrs. Carter F. Cort, the retiring president, presided at the business meeting following the dinner. She presented a resume of the Auxiliary's activities during the past year.

In appreciation of services rendered during her term as president, Mrs. Cort was presented with a silver bowl by the members of the auxiliary. Mrs. Rupert W. Powell, the immediate past president, made the presentation.

Plans for the observance of "Doctor's Day" in Marion County were discussed at the meeting.

A cocktail party and buffet dinner will be held at the Fairmont Field Club on May 5. The annual tea for

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rorely foil to help the Doctor bring out the importont points in his scientific essoys.

Mony yeors' experience in moking the cuts for THE WEST VIRGINIA MEDICAL JOURNAL hos tought us to recognize the extreme necessity of bringing out the foint detoils ond obscure shodows thot meon so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street **Charleston, W. Va.**

PATENTED WEDGE GIVES SUPPORT TO CENTER LINE OF BODY WEIGHT ★

★ Insole extension and wedge at inner corner of heel where support is most needed.

- The patented orch support construction is guaranteed not to breok down.
- Innersoles guaranteed not to crock or collapse.
- Foot-so-Port losts designed ond the shoe construction engineered with orthopedic odvice.
- Conductive Shoes for surgicol ond operating roam personnel. N.B.F.U. specificotions.
- We ore olso the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We moke more shoes for polio, club feet ond disabled feet thon ony other shoe monufocturer.

Send for free booklet, "The Preservation of the Function of the Foot Boloncing ond Synchronizing the Shoe with the Foot."

Write for detoils or contoct your locol **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic tacilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A. Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

prospective nurses will be held at the Nurses Home of Fairmont General Hospital on May 12.

At the conclusion of the business meeting, members of the Auxiliary met with the members of the Marion County Medical Society for an interesting demonstration and discussion on hypnosis.—Mrs. Robert J. Sidow, Correspondent.

* * * *

MASON

The organization meeting of the new Woman's Auxiliary to the Mason County Medical Society was held April 18, 1956 at the home of Dr. and Mrs. C. G. Maloney in Point Pleasant. Officers were elected as follows:

President, Mrs. C. G. Maloney; vice president, Mrs. J. Stewart Lloyd, Point Pleasant; and secretary-treasurer, Mrs. George E. McCarty, New Haven.

Local auxiliaries have now been organized within 25 out of a possible 28 component medical societies of the West Virginia State Medical Association.—Mrs. J. E. Spargo, Jr., Organization Chairman and President Elect of the Woman's Auxiliary to the West Virginia State Medical Association.

* * * *

MONONGALIA

Mr. Harold N. Kerr, assistant professor of sociology at West Virginia University, was the guest speaker at the April meeting of the Woman's Auxiliary to the Monongalia County Medical Society. His subject was, "Infant Training and Personality Development." Mrs. R. J. Nottingham of Morgantown, the president, presided at the meeting.

* * * *

"Officers of the Woman's Auxiliary to the Monongalia County Medical Society for 1956-57 were installed at the May meeting, which was held at the Arthurdale Inn. Reports of the various committee activities for the past year were presented at that time.

The new officers are, Mrs. George A. Curry, president; Mrs. Clark K. Sleeth, president elect; Mrs. David Z. Morgan, vice president; Mrs. John F. Stecker, secretary, and Mrs. W. Merle Warman, treasurer.—Mrs. H. A. Rich, Correspondent.

* * * *

RALEIGH

The April meeting of the Woman's Auxiliary to the Raleigh County Medical Society was held at the Beckley Hotel in that city on April 16. The luncheon meeting was attended by 22 members and guests.

The following officers were elected for the ensuing year: Mrs. W. Fred Richmond, president; Mrs. Wallace B. Lilly, president elect; Mrs. Clyde A. Smith, vice president; Mrs. John Marra, recording secretary; Mrs. George A. Miller, corresponding secretary; and Mrs. F. Vivian Lilly, treasurer.

The new officers were installed by Mrs. John A. Hedrick, a past president of the Auxiliary.

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

The finance committee reported that funds had been collected and presented to the Nurse Recruitment Fund, the American Medical Education Foundation, and Camp Galahad, a camp for diabetic children.

It was announced that the Auxiliary would sponsor the showing of the film, "The Nation's Mental Health" during the week of April 29-May 5 over WOAY-TV in Oak Hill.

The Nurse Recruitment Committee reported that it had completed tentative plans for a field trip to a Charleston hospital for high school girls interested in nursing careers. Mrs. Julian R. Lewin is chairman of the committee.—Mrs. George N. Psimas, Correspondent.

Interstate PG Medical Association In Cleveland, Oct. 22-25

The 41st Scientific Assembly of the Interstate Postgraduate Medical Association will be held in Cleveland, Ohio, October 22-25. There will be lectures by more than 40 distinguished speakers, and panel discussions have been arranged on the subject of "Gastrointestinal Bleeding," "Jaundice," and "Thyroid Disease." The registration fee is $10.00.

Inquiries should be addressed to Interstate Postgraduate Medical Association, Box 1109, Madison 1, Wisconsin.

In the good old days a girl got a job because she couldn't get a husband. Now if she has a job a husband is relatively easy to find.—The Medicovan.

"...WHEN CONTINUOUS DIURESIS IS MANDATORY TO CONTROL HEART FAILURE, NEOHYDRIN BECOMES THE SUPERIOR [ORAL] AGENT, SINCE THIS COMPOUND CONTINUES TO PRODUCE DIURESIS WHEN ADMINISTERED DAILY"*

*Moyer, J. H., and Hughes, W. M.: J. Chron. Dis. 2:678, 1955.

00656

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board — Charles L. Anderson, M. D., Clinical Director

L. Harold Caviness, M. D. — J. Russell Frontz, M. D. — Charles W. Harding, M. D.

Theodore J. Lukens, M. D. — Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

BOOK REVIEWS

THE TRUTH ABOUT CANCER—Charles S. Cameron, M. D., Medical and Scientific Director, American Cancer Society, New York City. Publisher's Foreward by Richard P. Ettinger; Preface by Elmer Hess, M. D., President, American Medical Association. Pp. 268, with numerous illustrations, diagrams and charts. Prentice-Hall, Inc., 70 Fifth Avenue, New York 11, New York. 1956. Price $4.95.

The author, Dr. Charles S. Cameron, is the medical and scientific director of the American Cancer Society. In this position, it is his business to keep abreast of cancer research and to assist in an advistory capacity in passing upon new projects.

"The Truth About Cancer" is a book for the general public touching upon all aspects of this medical and social problem. Part I discusses the etiology, the epidemology and the treatment of cancer and gives some of the new methods used in cancer research.

The role of tobacco in the study of lung cancer is fully explained, giving the results of the three-year survey of over 187,000 male smokers as conducted by the American Cancer Society. Apparently the conclusions reached are similar to those of the British survey.

With more comprehensive reporting of cancer from different countries of the world, there are puzzles that confront a physician who writes on cancer. Why should cancer of the breast occur more frequently among white women in Britain and the United States than among Japanese women, or why are men in Denmark more than twice as likely to suffer from gastric carcinoma than men in New York state? Such variations in the incidence of specific forms of cancer have been suspected but only recently has a systematic study began.

The role of new agents, such as isotopes, hormones and drugs, in the treatment of cancer is given.

Part II reviews the symptoms and treatment of cancer of different parts of the body, including breast, lip, and genitals. The information given on cancer in its different forms will serve mainly to afford the reader a better understanding of the problem that confronts the physician in its treatment. It will also acquaint him with the danger signals of this disease.

"The Truth About Cancer" is an honest review of the whole subject of cancer and is a splendid contribution to the public understanding of an extremely complex problem.—Chauncey B. Wright, M. D.

* * * *

FIFTH ANNUAL REPORT ON STRESS, 1955-56—By Hans Selye, M. D., Professor and Director of the Institute of Medicine and Experimental Surgery, University of Montreal, and Gunnar Heuser, M. D., Research Associate and Librarian. Pp. 815. MD Publications, Inc., 30 East 60th Street, New York 22, N. Y. 1956.

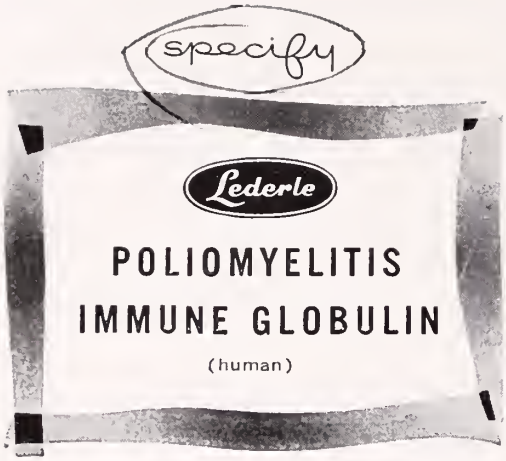
This is the fifth supplement to Stress by Selye published in 1950.

Nearly eighty pages are devoted to a synopsis of the stress concept and a review of the active research frontiers in this subject. About a hundred more are devoted to special articles by nine specialists in this

EVERY WOMAN
WHO SUFFERS
IN THE
MENOPAUSE
DESERVES
"PREMARIN"®

widely used
natural, oral
estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5646



For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New Yorl

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

◆

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

◆

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

field. These articles are timely, authoritative and succeed in giving balance to the total concept of stress.

The bulk of the book is made up of the carefully annotated results that have been reported in the recent literature and the 5698 references to this literature. Since the references are arranged alphabetically by senior authors and there is an extensive subject index, this book forms a very useful bibliography for the person interested in stress and closely related fields.—J. C. Stickney, Ph. D.

BOOKS RECEIVED

BELLEVUE IS MY HOME—By Salvatore R. Cutolo, M. D., Deputy Medical Superintendent of Bellevue Hospital, New York City. Pp. 317. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y. 1956. Price $4.00.

CLINICAL RECOGNITION AND MANAGEMENT OF DISTURBANCES OF BODY FLUIDS— By John H. Bland, M. D., Associate Professor of Medicine, University of Vermont College of Medicine, Burlington. Pp. 522, with 109 figures. Second Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $11.50.

ELECTROCARDIOGRAPHY—Fundamentals and Clinical Application—By Louis Wolff, M. D., Assistant Clinical Professor of Medicine, Harvard Medical School, Boston, Mass. Pp. 342, with 199 figures. Second Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $7.00.

HUNTERDON MEDICAL C,ENTER—The Story of One Approach to Rural Medical Care—By Ray E. Trussell, M. D., M.P.H.,Executive Officer of Columbia University School of Public Health and Administrative Medicine. Pp. 236. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Mass. 1956. Price $3.75.

THE NEUROSES IN CLINICAL PRACTICE—By Henry P. Loughlin, M. D., Assistant Clinical Professor of Psychiatry, George Washington University School of Medicine; Head, Psychiatry and Neurology Division, Suburban Hospital, Bethesda, Maryland; Consultant in Psychiatry, Walter Reed Army Medical Center. Pp. 802. Philadelphia and London: W. B. Saunders Company. 1956. Price $12.50.

THE ROCHESTER REGIONAL HOSPITAL COUNCIL—By Leonard S. Rosenfeld, M. D., M.P.H., Director, Medical Care Evaluation Studies of the United Community Services of Metropolitan Boston, and Henry B. Makover, M. D., Professor of Preventive and Environmental Medicine at the Albert Einstein College of Medicine, Yeshiva University, New York. (A Commonwealth Fund Book). Pp. 204. Harvard University Press, 44 Francis Avenue, Cambridge, Mass. 1956. Price $3.25.

TEXTBOOK OF MEDICAL PHYSIOLOGY—By Arthur C. Guyton,. M. D., Professor and Chairman of the Department of Physiology and Biophysics, University of Mississippi School of Medicine, University, Miss. Pp. 1030, with 577 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $13.50.

THERAPY OF FUNGUS DISEASES—Edited by Thomas H. Sternberg, M. D., Professor of Medicine (Dermatology) and Assistant Dean for Postgraduate Medical Education, and Victor D. Newcomer, M. D., Associaite Professor of Medicine (Dermatology), University of Southern California School of Medicine, Los Angeles. Pp. 337. Little, Brown and & Company, Boston, Mass. 1955. Price $7.50.

THE YEARBOOK OF MODERN NURSING, 1956—Edited by M. Cordelia Cowan. Pp. 446. G. P. Putnam's Sons, 210 Madison Avenue, New York 16, N. Y.

A Start In Medicine!

Our youngest son had been saving magazines for a long time and was storing them neatly in his room. We were under the impression that he was saving them for the paper and magazine drive sponsored by the Boy Scouts — but alas — one day we asked him why he was saving all those old magazines — and he replied that he had just recently decided to be a doctor and he thought the first thing he should do was to save all the old magazines for his office.—J. J. L. in Detroit Medical News.

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J MYERS, M. D.

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU. M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

THE
Daniel Boone Hotel
CHARLESTON, W. VA.

Rates $4.00 Up

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO
COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

PROFIT from OUR EXPERIENCE .....

In our many years of collecting medical and hospital accounts we have developed a *Public Relations Technique* which fulfills the ethical needs of The Professions but still shows a maximum collection return.

Select the closest Bureau member of The National Association of Medical-Dental Bureaus for your collection problem; and profit from our experience.

TELEPHONE YOUR LOCAL BUREAU TODAY REGARDING OTHER SERVICES

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

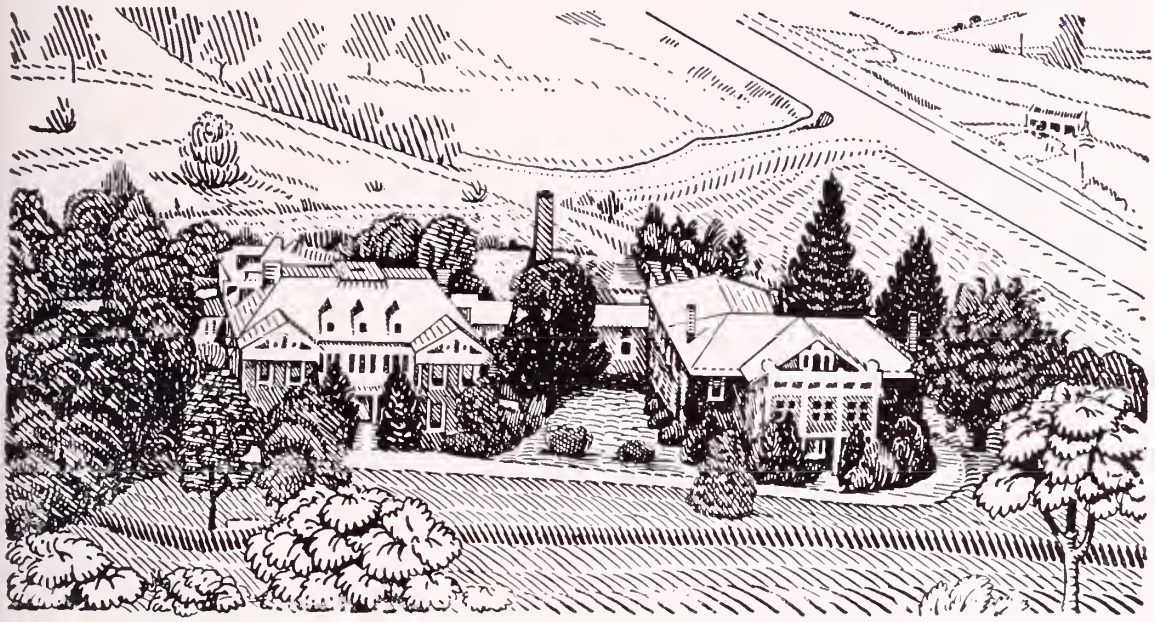
Wheeling:
THE MEDICAL-DENTAL BUREAU, INC.
CENTRAL UNION BUILDING
M. O. Bobes-W. H. Hogedorn, Owners
Phone 4250

NATIONAL ASSOCIATION MEDICAL DENTAL BUREAUS
Medicine Dentistry Business Health

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

(This Space for Sale)

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

V. L. PETERSON, M. D. — E. W. SQUIRE, M. D.
PAUL FRANCKE, JR., M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4145
310 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

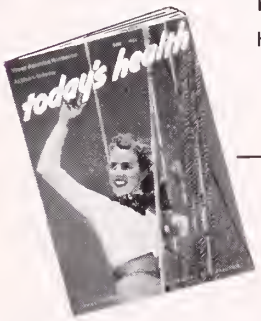
GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!

for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

JUNE ADVERTISERS

Ames Company, Inc. ..... *Inside Back Cover*
Ayerst Laboratories xliii

Breon, George A. & Co. xiv
Broaddus Hospital xl
Burroughs-Wellcome viii

Charleston Engraving Company xl
Ciba Pharmaceutical Products xviii
Coca-Cola Co. xviii
Corn Products Refining Co. vi

Daniel Boone Hotel xlv

Feick Brothers xliv
Foot-So-Port Shoe Co. xl

General Electric Co. xx

Harding Sanitarium xlii

Keeley Institute xxxvii
Kloman Instrument Company, Inc. xxxvi
Lakeside Laboratories ..... xxi, xxxvi, xlii
Lederle Laboratories ..... 180, 181, xliv
Lilly, Eli and Company ..... *Front Cover*. xxviii

Mallard, Inc. xxxiii
Marmet Hospital xxxviii
McMillen Sanitorium xliv
Medical Arts Supply Co. xxxiv
Myers Clinic xlv

Parke, Davis & Company ..... ii, iii

Patton Adjustments lii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ..... xi, xxvii
Physicians Casualty Association xxxii
Physicians & Dentists Business Bureau xlvi
Piedmont Auto & Truck Rental, Inc. xxiv
Riker Laboratories xiii

St. Albans Sanitarium xlvii
Schering ..... vii, *Insert*, xxii, xxiii
Schmid, Julius, Inc. xvii
Searle, G. D. & Company xxix
Sharp & Dohme, Inc. xv
Smith, Kline & French Laboratories ..... xix, *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. ..... x, xxvi

Upjohn xxxi

Viceroy Cigarettes xii

Wallace Laboratories ix
Westbrook Sanatorium xli
Wheeling Clinic xxxix
White Cross Hospital xlviii
Winthrop Laboratories, Inc. xvi
Wochers xxxv
Wyeth, Inc. ..... v, xxv

A *Good* COLLECTION AGENCY

IF THERE remains any question in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

The services of the modern collection agency are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A good collection agency operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

And so it is with us, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

PATTON ADJUSTMENTS, INC.

A Dignified Collection Service

JACK PATTON, Manager — CHARLESTON, WEST VIRGINIA — TELEPHONE 27-158

NEW CONCEPT IN URINE-SUGAR TESTING

CLINISTIX

TRADEMARK

REAGENT STRIPS

specific enzyme test for urine glucose

just dip and read

complete specificity... unaffected by non-glucose reducing substances... differentiates glucose from other urine-sugars... thousands of tests reveal no substance causing a false positive.

extreme sensitivity... detects glucose concentrations of 0.1% or less.

utmost simplicity and convenience... a CLINISTIX Reagent Strip moistened with urine turns blue when glucose is present.

qualitative accuracy... used whenever presence or absence of glucose must be determined rapidly and frequently. CLINISTIX does not attempt to give quantitative results because so many factors in urine influence enzyme reactions.

economy... CLINISTIX saves time and cuts costs... each strip is a complete test rapidly performed without reagents and equipment.

available: Pockets of 30 CLINISTIX Reagent Strips in cartons of 12—No. 2830.

AMES COMPANY, INC • ELKHART, INDIANA

Ames Company of Canada, Ltd., Toronto

13356

THORAZINE* *can help your patients to endure the suffering caused by*

for example: ***in burns***

Thorazine's unique tranquilizing action can reduce the suffering caused by the pain of severe burns. 'Thorazine' acts, not by eliminating the pain, but by altering the patient's reaction—enabling him to view his pain with what has been described as "serene detachment." Karp et al.,[1] reporting on the use of 'Thorazine' in patients with severe pain, observed that 'Thorazine' produced "a quiet, phlegmatic acceptance of pain."

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

'Thorazine' is available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

1. Karp, M., et al.: Am. J. Obst. & Gynec. *69*:780 (April) 1955.

h Annual Meeting, The Greenbrier, Aug. 23-25, 1956

THE WEST VIRGINIA Medical Journal

Vol. 52
No. 7

JULY, 1956

Single Copy, 50c
Per Year, $3.50

In This Issue . . .

Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy
By M. L. Hobbs, M. D., and J. B. Harley, M. D.

Sarcoidosis: Its Diagnosis and Management
By Edward S. Ray, M. D.

Cataract Surgery in the Aged
By Milton J. Lilly, Jr., M. D.

Retroperitoneal Hemorrhage Simulating An Acute Abdominal Lesion During Dicumarol Therapy
By M. D. Reiter, M. D.

COMPLETE CONTENTS ON PAGE IV
INDEX TO ADVERTISERS ON PAGE LVIII

Published Monthly by
THE WEST VIRGINIA STATE MEDICAL ASSOCIATION
Box 1031 (302 Atlas Bldg.), Charleston 24, W. Va.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

COLLEGE OF PHYSICIANS
LIBRARY
JUL 16 1956
OF PHILADELPHIA

the logical drug

to use first[1]

for petit mal epilepsy

MILONTIN®

(phensuximide, Parke-Davis)

KAPSEALS® and SUSPENSION

five years of study confirm[2]

- effective in the petit mal triad
- one of the least toxic of all anti-epileptic drugs
- well tolerated

In patients with mixed grand mal—petit mal epilepsy, drug compatibility permits use of MILONTIN with Dilantin® Sodium (diphenylhydantoin sodium, Parke-Davis) or with Dilantin Sodium with Phenobarbital.

MILONTIN Kapseals, 0.5 Gm., bottles of 100 and 1,000; also available as MILONTIN Suspension (250 mg. per 4 cc.) in 16-ounce bottles.

Detailed information upon request, or from your Parke-Davis representative.

1. Davidson, D. T., Jr.; Lombroso, C., & Markham, C. H.: *New England J. Med.* 253:173, 1955.
2. Zimmerman, F. T.: *New York J. Med.* 55:2338, 1955.

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

50025

JULY
1956

Vol. 52 No. 7

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Assaciation

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charlestan

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charlestan

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charlestan

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Margantawn

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

Member 1956

CONTENTS

Scientific Articles

Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy—M. L. Hobbs, M. D., and J. B. Harley, M. D. 197
Sarcoidosis: Its Diagnosis and Management—Edward S. Ray, M. D. 200
Cataract Surgery in the Aged—Milton J. Lilly, Jr., M. D. 203
Retroperitoneal Hemorrhage Simulating An Acute Abdominal Lesion During Dicumarol Therapy—M. D. Reiter, M. D. 205

The President's Page

Important Changes in Constitution Pending—Athey R. Lutz, M. D., President, West Virginia State Medical Association 210

Editorials

Doctor Vest Honored by AMA 211
A Happy Medium 211
A Faithful Servant 212
An Encouraging Trend 212
The Disability Freeze 212
Words of Wisdom 213
A Matter of Timing 214

General News

Scientific Subjects at 89th Annual Meeting 215
Doctor Allman Named AMA President Elect 216
WVU Hospital Plans Approved 219
Physicians Elected to County School Boards 222
Supreme Court Ruling on Chiropodists 223
Virginia-West Virginia AAGP Meeting 224

Special Departments

The Month in Washington xxxiv
Obituaries xxxvi
Annual Audit xxxviii
County Societies xli
Woman's Auxiliary xlvi
Book Reviews xlviii
Directory of Physicians in Limited Practice lv
Index to Advertisers lviii

plateau therapy*...

for hay fever and other allergies

CHLOR-TRIMETON

REPETABS, 8 and 12 mg.

*Because they quickly attain and maintain a prolonged, therapeutic plateau, CHLOR-TRIMETON REPETABS avoid the wave-like levels which may be produced by multiple-release granules or t.i.d. medication ...affording optimal patient comfort.

CHLOR-TRIMETON® Maleate, brand of chlorprophenpyridamine maleate.
REPETABS,® Repeat Action Tablets.

CT-J-766

for the acutely agitated...

QUIESCENCE AND EMOTIONAL DETACHMENT

NEW Potent Ataraxic

Sparine*

HYDROCHLORIDE

Promazine Hydrochloride

10-(γ-dimethylomino-*n*-propyl)-phenothiazine hydrochloride

INDICATIONS:

- The acute alcoholic[1,2]—delirium tremens, acute hallucinosis, tremulousness
- The acute psychotic[1]—acute excitation due to various psychoses
- The drug addict[1]—withdrawal syndrome: nausea, vomiting, muscle and bone pains, abdominal cramps, general malaise

FINDINGS:

"The drug . . . is effective in . . . maintaining these subjects in a quiescent detached state. . . . Complications such as jaundice, . . . dermatitis, edema, lactation, basal ganglion disturbances, or depression were not observed during these studies."[1]

As with ony new and potent agent, it is well to be fully informed an the precautians of use and the passibility of side-effects. Befare prescribing SPARINE, the physician shauld consult the direction circular.

For intravenous, intramuscular, or orai administration.

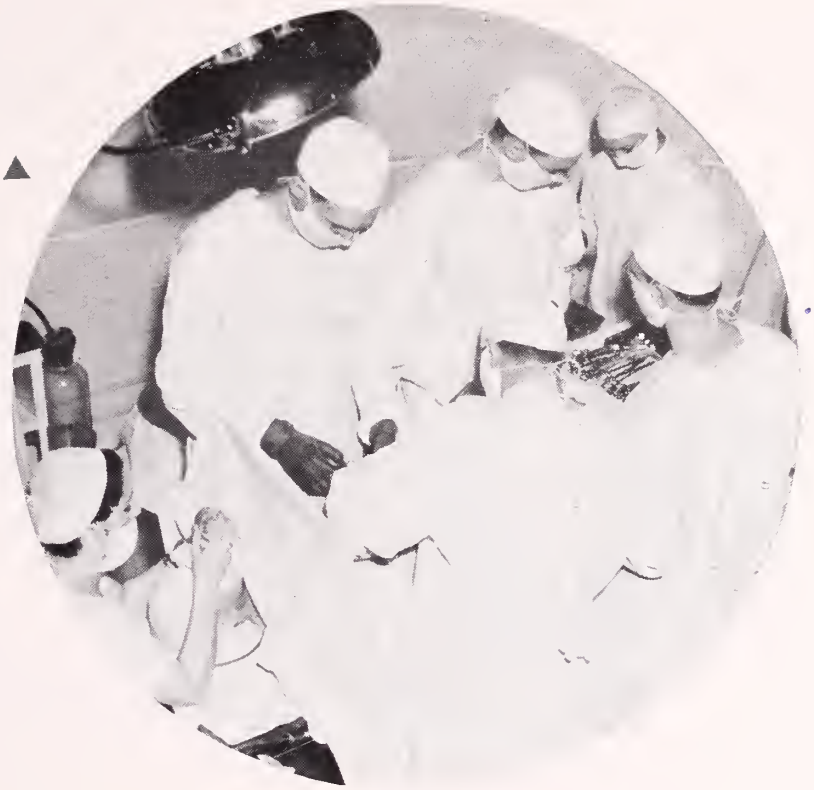
Supplied: Tablets, 25, 50, and 100 mg., bottles of 50 and 500; 200 mg., bottles of 500. Injection, 50 mg. per cc., vials of 2 and 10 cc.

1. Fazekas, J.F., et al.: J.A.M.A. 161:46 (May 5) 1956. 2. Mitchell, E.H.: J.A.M.A. 161:44 (May 5) 1956.

*Trademark

Wyeth
Philadelphia 1, Pa.

An Exclusive Development of Wyeth Pharmacological Research



Specializing

in your patients' HOSPITAL, SURGICAL and MEDICAL insurance problems makes the local AMERICAN HEALTH AGENT a valued "Doctor's Aide."

AMERICAN HEALTH INSURANCE CORPORATION BALTIMORE MD

Complete Local Service In Your State

Because he is a specialist who focuses his attention on Health Insurance, the local American Health Agent has won a position of friendship and trust.

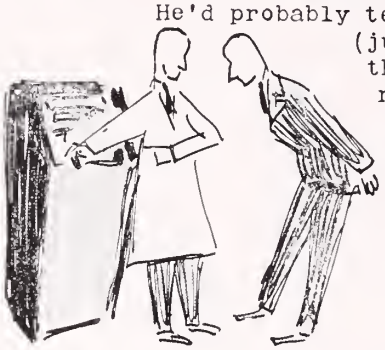
As a career agent in his chosen field, it is his purpose to serve both Doctor and patient as a true "friend in need" at all times, with prompt settlements, efficient service, and a sympathetic understanding of the problems of the medical profession.

American Health
INSURANCE CORPORATION

FIRST NATIONAL BANK BUILDING, BALTIMORE 2, MD.

If you could visit with a user of the Picker Anatomatic Century x-ray unit you'd soon know why this remarkable "new way in x-ray" machine has come so far so fast.

He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomatic principle does all the tedious "figgerin" for you).



He'd probably show you how good a radiograph he gets every time

He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel

and there'd be no mistaking the light in his eye when it falls on the handsome big-name unit whose fine appearance adds so much to the impressiveness of his office.

P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he paid to get so much. Or he might even be among those who rent their x-ray machine (Picker has an attractive rental plan, you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (find him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

PICKER IN WEST VIRGINIA is at 714½ Lee Street, Charleston Phone 3-1178
and 6066 Peo Ridge Road, Huntington

NOW AVAILABLE....

a new unique antibiotic

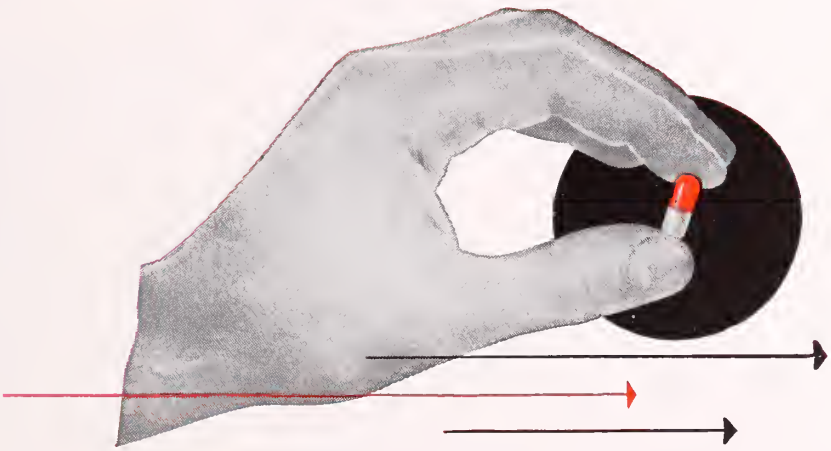
PROVED EFFECTIVE

AGAINST SPECIFIC

ORGANISMS (*staphylococci and proteus*)

RESISTANT TO ALL OTHER

ANTIMICROBIAL AGENTS



to overcome specific infections that do not respond to any other antibiotics.[1,2,3]

New...

TODAY's resistant pathogens are the tough survivors of a dozen widely used antibiotics. Certain organisms, notably *Staphylococcus aureus*[4] and susceptible strains of *Proteus vulgaris* produce infections which have been resistant to *all* clinically useful antibiotics.

To augment your armamentarium against these resistant infections, 'CATHOMYCIN' (Novobiocin, Merck), derived from an organism recently discovered and isolated in the Merck Sharp & Dohme Research Laboratories[1], is now available.

SPECTRUM—'CATHOMYCIN'[1,2,3,5,6] has also been shown to be active against other organisms including—*D. pneumoniae, N. intracellularis, S. pyogenes, S. viridans and H. pertussis*, but clinical evidence must be further evaluated before 'CATHOMYCIN' can be recommended for these pathogens.

ACTION—'CATHOMYCIN' in optimum concentration is bactericidal. Cross-resistance with other antibiotics has not been observed.[7]

TOLERANCE—'CATHOMYCIN' is generally well tolerated by patients.[5,6,8,9,10,11]

'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

ABSORPTION—'CATHOMYCIN' is readily absorbed[5,6,9] and oral dosage produces significant blood and tissue levels which persist for at least 12 hours.[7]

INDICATIONS: Clinically 'CATHOMYCIN' has proved effective for cellulitis, carbuncles, skin abscesses, wounds, felons, paronychiae, varicose ulcer, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections caused by susceptible strains of *Proteus vulgaris*.[6,7,8,9,10,11,12,13,14] Also, it is of particular value as an adjunct in surgery since staphylococcic infections seem prone to complicate post-operative courses.

SUPPLIED: 'CATHOMYCIN' Sodium (Crystalline Sodium Novobiocin, Merck) in capsules of 250 mg., bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

REFERENCES:

1. Wallick, H., Harris, D.A., Reagan, M.A., Ruger, M., and Woodruff, H.B., *Antibiotics Annual*, 1955-1956, New York, Medical Encyclopedia, Inc., 1956, pg. 909.
2. Frost, B.M., Valiant, M.E., McClelland, L., Solotorovsky, M., and Cuckler, A.C., *Antibiotics Annual*, 1955-1956, pg. 918.
3. Verwey, W.F., Miller, A.K., and West, M.K., *Antibiotics Annual*, 1955-1956, pg. 924.
4. Kempe, C.H., *Calif. Med.*, **84** 242, April 1956.
5. Simon, H.J., McCune, R.M., Dineen, P.A.P., Rogers, D.E., *Antib. Med.*, 2 205, April 1956.
6. Lubash, G., Van Der Meulen, J., Berntsen, C., Jr., Tompsett, R., *Antib. Med.*, 2 233, April 1956.
7. Lin, K.-E., Coriell, L.L., *Antib. Med.*, 2:268, April 1956.
8. Limson, B.M., Romansky, N.J., *Antib. Med.*, 2:277, April 1956.
9. Morton, R.F., Prigot, A., Maynard, A. de L., *Antib. Med.*, 2:282, April 1956.
10. Nichols, R.L., Finland, M., *Antib. Med.*, 2 241, April 1956.
11. Mullins, J.F., Wilson, C.J., *Antib. Med.*, 2 201, April 1956.
12. David, N.A., Burgner, P.R., *Antib. Med.*, 2 219, April 1956.
13. Marton, W.J., Heilman, F.R., Nichols, D.R., Wellman, W.E., and Geraci, J.E., *Antib. Med.*, 2:258, April 1956.
14. Milberg, M.B., Schwartz, R.D., Silverstein, J.N., *Antib. Med.*, 2:286, April 1956.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram

No drug.

After Raudixin. E. E. G. not altered.

After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

RAUDIXIN

Squibb Whole Root Rauwolfia Serpentina

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

SQUIBB

Squibb Quality—the Priceless Ingredient

'RAUDIXIN'® IS A SQUIBB TRADEMARK

because a diuretic
should be able to control
any degree of failure

PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

Certain diuretics are apt to mask the gradual onset of severe failure because they are effective only in the milder ambulatory cardiacs. The recurrent accumulation of fluid permitted by intermittent or arbitrarily limited dosage must eventually progress to more severe decompensation.

Because they can control *any* grade of failure, the organomercurials improve prognosis and prolong life.

TABLET
NEOHYDRIN®
BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

LAKESIDE

01356

DOCTORS EVERYWHERE NOW KNOW WHY

Viceroys Are Smoother

Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as many filters as the other two largest-selling filter brands. That is why Viceroys are smoother by far—never, never rough. That is why so many doctors now smoke and recommend Viceroys.

Yes, smoother taste because there are

TWICE AS MANY FILTERS IN EVERY VICEROY TIP

as the other two largest-selling filter brands!

Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!

looked over often...

the patient with nonspecific rheumatism

NOW—thoroughgoing relief with

NEW SIGMAGEN TABLETS

combining

Prednisone	0.75 mg.	—best of the new
Acetylsalicylic acid . . .	325 mg.	—best of the old
Ascorbic acid	20 mg.	
Aluminum hydroxide . .	75 mg.	

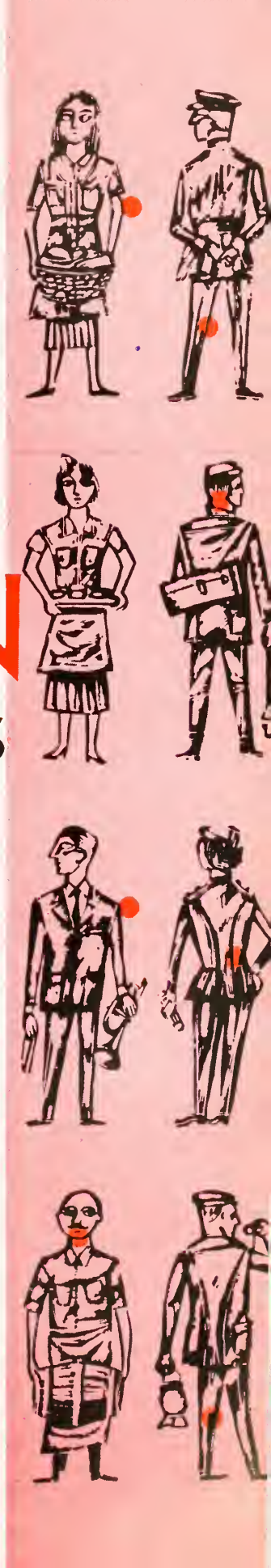
antirheumatic • anti-inflammatory • analgesic • supportive

Combined effectiveness of the antirheumatic agents in SIGMAGEN permits maintenance of clinical relief at minimal dosages.

SIGMAGEN,* brand of corticoid-analgesic compound.
*T.M.

Schering

SG-J-51



Only Meat . . . is Meat

Suppose we suddenly found ourselves in a "Brave New World," in which all the rich protein, the B vitamins (including the important B_{12}), the minerals, and all the other nutrients of a juicy steak or a succulent pork chop could be compressed into a capsule. Suppose we were to take one or two such capsules each day. What would happen?

Would we be just as healthy? Would we be as happy?

There is something about man's wish for meat that cannot be satisfied by chemical or mathematical analyses. The feeling of satisfaction, the downright enjoyment of biting into and chewing, the pleasurable effect of having eaten well . . . all these make meat more than just an impressive list of essential nutrients. Long before man knew anything about the science of nutrition he knew meat was part and parcel of his health and his joy of eating and of living.

Other foods may be fortified and enriched, *but none can ever take the place of meat.*

Only meat is meat.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago . . . Members Throughout the United States

new Peach-flavored, peach-colored, newest liquid form of the established broad-spectrum antibiotic... TERRAMYCIN®† 125 mg. per 5 cc. teaspoonful; specially homogenized for rapid absorption; bottles of 2 fl. oz. and 1 pint, packaged ready to use.

delightful peach taste in broad-spectrum therapy

TERRABON®

BRAND OF OXYTETRACYCLINE

HOMOGENIZED MIXTURE

PFIZER LABORATORIES. *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N. Y. Pfizer

†Brand of oxytetracycline

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

brand

POLYMYXIN B—BACITRACIN OINTMENT

to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.

For ophthalmic use: in ⅙ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

the point is this...

HydroCortone® -T.B.A.

(HYDROCORTISONE *TERTIARY*-BUTYLACETATE, MERCK)

produces superior results — greater symptomatic relief and longer-lasting remissions — in both rheumatoid arthritis and osteoarthritis.

SUPPLIED: SALINE SUSPENSION HYDROCORTONE-T.B.A.—25 MG./CC., VIALS OF 5 CC.

References: 1. Hollander, J. L., *Ann. New York Acad. Sc.* **61**:511, May 27, 1955.
2. Hollander, J. L., *et al. J.A.M.A.* **158**:476, June 11, 1955.

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

highly successful .

- faster relief of pain, photophobia
- better control of inflammation, edema, allergy
- effective against common eye pathogens
- extremely well tolerated

now available

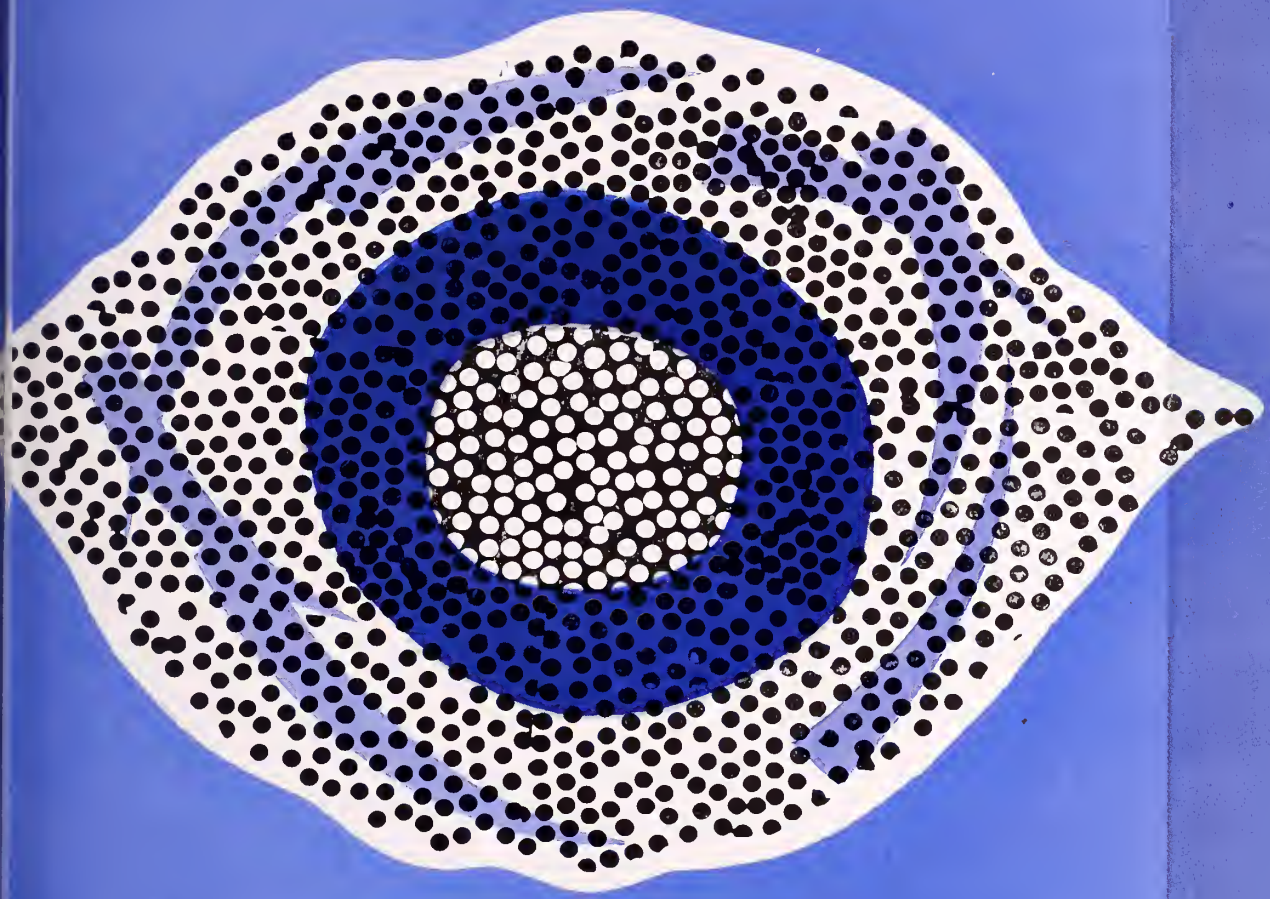
for inflammatory, allergic, infectious or traumati
eye conditions amenable to topical therapy—rapid
potent, topical Meti-steroid and anti-infective action

supplied: METIMYD Ophthalmic Suspension-*Sterile*: prednisolone acetat (METICORTELONE Acetate) 5 mg. per cc. (0.5%) suspended in an isotoni buffered and preserved solution of sulfacetamide sodium 100 mg. per cc (10%), 5 cc. dropper bottle. METIMYD Ointment with Neomycin: each gram contains 5 mg. prednisolone acetate (METICORTELONE Acetate), 100 mg sulfacetamide sodium and 2.5 mg. neomycin sulfate (equivalent to 1.75 mg neomycin base); ⅛ oz. tube, boxes of 1 and 12.

METIMYD,* brand of prednisolone acetate and sulfacetamide sodium.
METICORTELONE,® brand of prednisolone.
*T.M.

MW-J-681

. in topical eye therapy



new

METIMYD*

(prednisolone acetate and sulfacetamide sodium)

Ophthalmic Suspension-Sterile

and

METIMYD

(prednisolone acetate and sulfacetamide sodium with neomycin sulfate)

Ointment with Neomycin

antibacterial • antiallergic • anti-inflammatory

Schering

IDENTIFY YOURSELF WITH WORLD MEDICINE

through

THE WORLD MEDICAL ASSOCIATION

by joining its

UNITED STATES COMMITTEE, INC.

(Approved by American Medical Association)

Your Membership Brings You . . .

1. *Certificate of Membership*, your introduction card to 700,000 doctors of nearly 60 nations joined in a world-wide movement for the highest possible level of medical service.
2. *The World Medical Journal*, published bi-monthly, and all published studies of WMA, with data nowhere else available on scientific, economic, educational and social trends in world medicine.
3. *Letters of Introduction* to foreign medical associations and their members, facilitating professional contacts when traveling abroad.
4. *A share in representing the* interests of the practicing physician before other international groups dealing with medicine.
5. *The satisfaction of sharing the advantages of* American medical progress with other lands, and at the same time helping to protect the freedom of medicine.

JOIN TODAY!

Dr. Louis H. Bauer, Secretary-Treasurer
U. S. Committee, Inc., World Medical Association
10 Columbus Circle, New York 19, New York

I desire to become an individual member of The World Medical Association, United States Committee, Inc., and enclose check for $ _____, my subscription as a:

_____ Member	—$ 10.00 a year
_____ Patron Member	—$100.00 or more per year
_____ Life Member	—$250.00 (no further assessments)

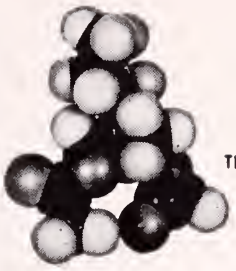
Signature _____

Address _____

_____

(Contributions are deductible for income tax purposes)

PLEASE MAKE CHECKS PAYABLE TO
U. S. COMMITTEE, WORLD MEDICAL ASSOCIATION



THE MILTOWN MOLECULE

A tranquilizer well suited for prolonged therapy

NO ORGANIC CONTRAINDICATIONS

reported to date

- well tolerated, non-addictive, essentially non-toxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

Miltown®

the original meprobamate—2-methyl-2-n-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: 400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

Literature and Samples Available on Request

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION
of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.

BETTER

results are obtained with STERANE[1]—3 to 5 times more active than hydrocortisone or cortisone.

BREATHING

capacity is greatly enhanced. "Relief of symptoms is more complete and maintained for longer periods with relatively small doses."[2]

BALANCE

of minerals and fluids usually remains undisturbed. This proves "especially advantageous in those patients with cardiac failure requiring therapy . . ."[3]

in bronchial asthma

Sterane®

brand of prednisolone

Supplied: White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

recognized

as a potent, specific anti-arthritic

established

by over 100 million patient days

substantiated

in more than 700 published reports

BUTAZOLIDIN®

(phenylbutazone GEIGY)

potent, specific anti-arthritic

Based on an impressive background of achievement attained over a period of four years involving both long-term and short-term therapy in all the major forms of arthritis, BUTAZOLIDIN is recognized as one of the most effective anti-arthritic agents currently available.

relieves pain

improves function

resolves inflammation

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before prescribing it.

GEIGY

GEIGY PHARMACEUTICALS, Division of Geigy Chemical Corporation, New York 13, N. Y.

72556

THE CINCINNATI SANITARIUM

ESTABLISHED 1873

A Private Psychiatric Hospital Offering Modern Diagnostic and Treatment Procedures

- Equipped to provide all modern and accepted methods of treatment.
- Ample classification facilities with qualified psychiatric nursing.
- Complete occupational therapy and recreation activities.
- Rest Cottage, a separate department for mild neurotic problems and the convalescent.
- Forty acres of park-like grounds affording activities with privacy.

. . . . . .

OWEN C. CLARK, M.D. . . . Medical Director

W. N. WRIGHT, M.D. . . . Psychiatrist in Residence

HENRY GRUENER, M.D. . . . Physician in Residence

DOUGLAS A. JOHNSTON, M.D. . . . Medical Director Emeritus

ISABELLE DAULTON, R.N. . . . Director of Nursing

GRACE SPINDLER, R.N. . . . Assistant Director of Nursing

ELLIOTT OTTE . . . Business Administrator

write for descriptive booklet

THE CINCINNATI SANITARIUM

5642 HAMILTON AVENUE, Cincinnati 24, Ohio

Telephone KIrby 1-0135 KIrby 1-0136

For

HAY FEVER,

COLDS, SINUSITIS

NTZ®

Nasal Spray

CONVENIENT NONBREAKABLE SQUEEZE BOTTLE

A physiologically balanced formulation of three well known and widely used compounds:

N eo-Synephrine® HCl, 0.5%
dependable decongestant

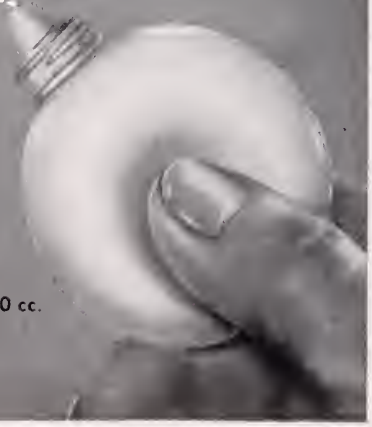
T henfadil® HCl, 0.1%
powerful antihistaminic

Z ephiran® Cl, 1:5000
wetting agent and antibacterial

DELIVERS FINE EVEN SPRAY
LEAKPROOF

Rapidly Effective

No Antibiotic Sensitization



Winthrop LABORATORIES • NEW YORK 18, N. Y.

Supplied in spray bottle containing 20 cc.

NTZ, Neo-Synephrine (brand of phenylephrine), Thenfadil (brand of thenyldiamine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.

a pause for reflection . . . Operation finished. You sit back and relax. Blockain* anesthesia lasted long enough with one small injection so that you were easily able to proceed from incision to closure without pause for reinjection. **Longer anesthetic duration . . .** You did that accurate reapproximation of skin edges without distortion from freshly introduced anesthetic. And more, Blockain persisted post op.—you had no complaints of uncomfortable splints, dressings or tender tissues. **Rapid onset, too . . .** You recall that the pre-incision wait was avoided. *A case to remember:* A 78-year-old patient, arteriosclerotic, poor liver function with a transcervical fracture of left femur, underwent a *one-hour-and-20-minute operation,* involving internal fixation of the fracture and the placement of a Smith-Petersen nail, with *one injection of Blockain.* Effect of anesthetic: "excellent." Onset of anesthesia: "rapid." Only 60 cc. of Blockain was used. A whiff of nitrous oxide was given at the time of actual hammering, to spare the patient emotional trauma. There were no side effects. **BLOCKAIN,** 30 cc., 0.5% (5 mg./cc.). Write GEORGE A. **Breon** & CO., 1450 Broadway, N. Y. 18 for additional information.

2-PROPOXY DERIVATIVE OF 2-DIETHYLAMINOETHYL 4-AMINOBENZOATE

*BLOCKAIN® BRAND OF PROPOXYCAINE [illegible] DE BREON.

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

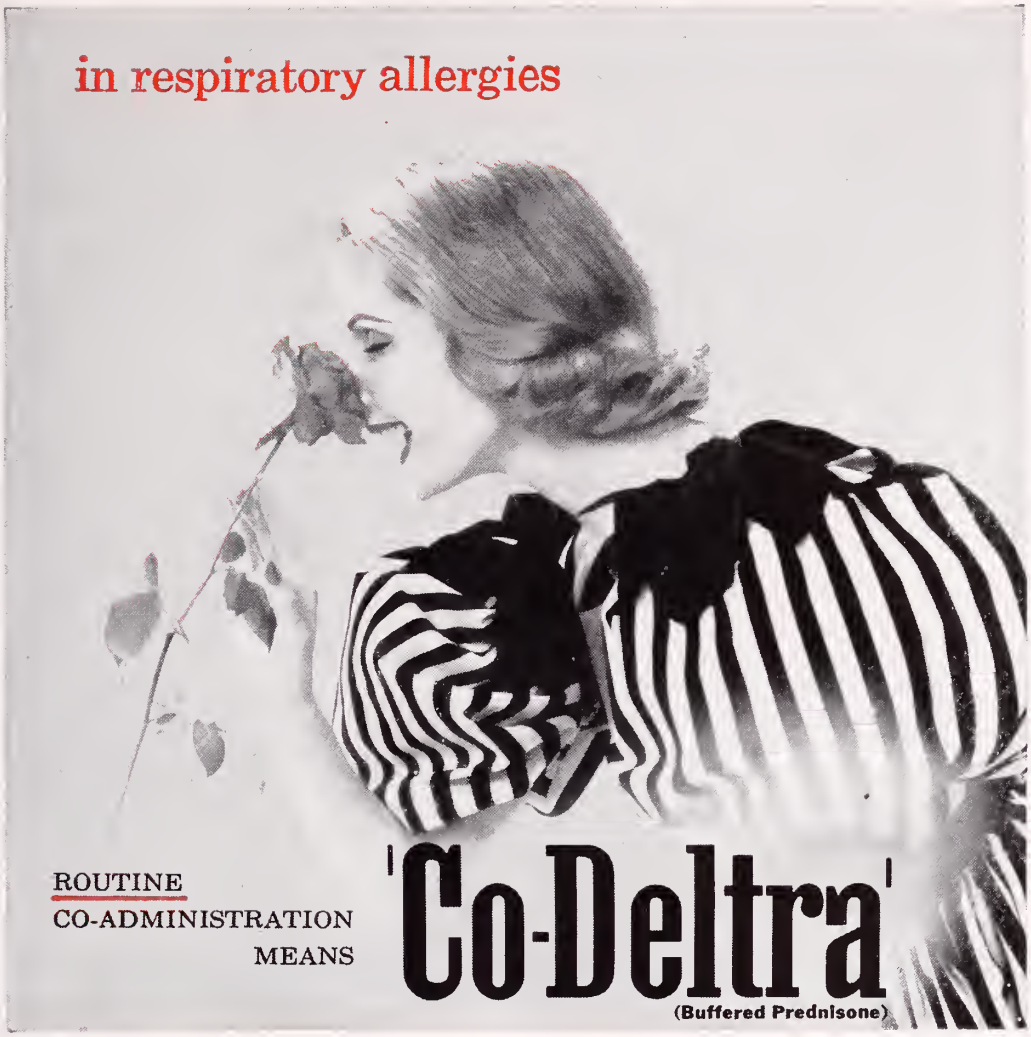
C I B A
Summit, N. J.

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Guy H. Michael, Jr.	Parsons	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Madison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentrout	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	1st Wed.
Greenbrier Valley	H. Charles Ballou	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clarksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yoho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnston	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	Charles S. Mahan	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	G. L. Armbrecht	Wheeling	W. E. McNamara, Jr.	Wheeling	4th Tues.
Parkersburg Academy	Richard W. Corbitt	Parkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potomac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylor	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amiga	George F. Fardham	Mullens	Quarterly

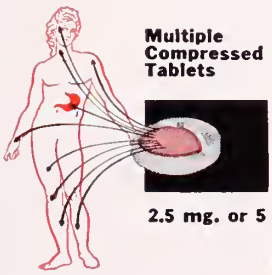
in respiratory allergies



ROUTINE
CO-ADMINISTRATION
MEANS

'Co-Deltra'
(Buffered Prednisone)

'Co-Hydeltra'
(Buffered Prednisolone)



Clinical evidence[1, 2, 3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

SHARP & DOHME
Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

References: 1. Boland, E. W., *J.A.M.A.* **160**:613, February 25, 1956. 2. Margolis, H. M., *et al.* *J.A.M.A.* **158**:454, June 11, 1955. 3. Bollet, A. J., *et al.* *J.A.M.A.* **158**:459, June 11, 1955.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

ALL THE BENEFITS OF THE "PREDNI-STEROIDS" PLUS POSITIVE ANTACID ACTION TO MINIMIZE GASTRIC DISTRESS

fastest and shortest-acting oral barbiturate

'Seconal Sodium'

(SECOBARBITAL SODIUM, LILLY)

The secret of sleep in a capsule

When simple insomnia is the presenting complaint, a bedtime dose of 'Seconal Sodium' is often indicated. Its effect is prompt—within fifteen to thirty minutes; relaxation and sleep follow quickly. Your patient awakens refreshed and well rested.

Available in 1/2, 3/4, and 1 1/2-grain pulvules at pharmacies everywhere.

80TH ANNIVERSARY 1876 - 1956 / ELI LILLY AND COMPANY

A RESEARCH MILESTONE

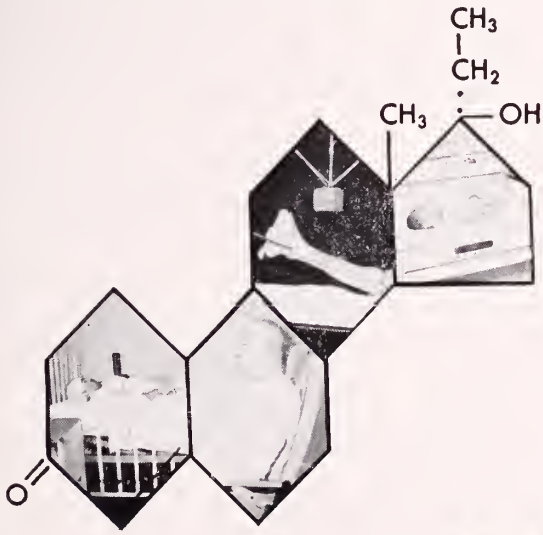
Nilevar*

(BRAND OF NORETHANDROLONE)

Searle's New and Practical Steroid Specifically for Protein Anabolism—

It has long been recognized that a substance which would promote protein anabolism would be of inestimable value in therapy. The androgens have this property, but unfortunately they also exert actions on secondary sex characteristics. These effects are commonly undesirable in therapeutic programs.

THE FIRST STEROID WITH ANABOLIC SPECIFICITY—Nilevar, the newest Searle Research development, therefore, meets a long desired clinical need because Nilevar presents the first steroid primarily anabolic for protein synthesis. Moreover, Nilevar is without prominent androgenic effects (only about one-sixteenth of that exerted by the androgens).



OBJECTIVE AND SUBJECTIVE RESPONSE — Orally effective, Nilevar therapy is characterized by retention of nitrogen, potassium, phosphorus and other electrolytes in ratios indicative of protein anabolism. Moreover, subjectively the patient observes an increase in appetite and sense of well-being.

WELL TOLERATED—Nilevar has an extremely low toxicity. Laboratory animals fail to show toxic effects after six months of continuous administration of high dosages. Nilevar should not be administered to patients with prostatic carcinoma. Nausea or edema may be encountered infrequently. Slight androgenicity may be evidenced on high dosage or in particularly responsive individuals.

MAJOR INDICATIONS—Preparation for and recovery from surgery; supportive treatment of serious illnesses (pneumonia, poliomyelitis, carcinomatosis, tuberculosis); recovery from severe trauma and burns; decubitus ulcers; care of premature infants.

DOSAGE—The daily *adult* dose is three to five Nilevar tablets (30 to 50 mg.) but up to 100 mg. may be administered. For *children* the average daily dose is 1 to 1.5 mg. per kilogram of body weight; individual dosages depend on need and response to therapy.

SUPPLY—Nilevar is available in uncoated, unscored tablets of 10 mg. G. D. Searle & Co., Research in the Service of Medicine.

*Trademark of G. D. Searle & Co.

SEARLE

The Month in Washington

• **From the Washington office of the American Medical Association.**

BEFORE THE end of the year hundreds of thousands of dependents of military personnel, living in all parts of the country, should be receiving their medical care from private physicians and in private hospitals under the new program authorized this year by Congress. While the Defense Department has not yet completed regulations to implement the act, the law itself lays down the basic principles governing the program.

The House Armed Services Committee first attempted to decide on a system, or systems, for furnishing private care through Blue Cross-Blue Shield, arrangements with state medical societies, commercial insurance or "home town care," which the Veterans Administration successfully employs. The committee gave up on the problem, however, and Congress finally tossed it to the Secretary of Defense by stating in the bill that he shall ". . . after consultation with the Secretary of Health, Education, and Welfare . . . contract for medical care for such persons . . . under such insurance, medical service or health plan or plans as he deems appropriate." A Defense Department task force now is attempting to decide how to work out the contracts.

Although several groups of dependents will be entitled to medical care, only wives (or husbands) and children of men on active duty will be certified for civilian care. The others will be admitted to military medical facilities on "availability of space" basis. While generally spouses and children of active duty personnel will have a choice of private or military care, there is this limitation: The Secretary of Defense may designate certain areas where private care will not be authorized, if in his opinion those areas have military facilities adequate to care for the service families.

Dependents will be required to pay the following charges: For care in military facilities, subsistence and "in-hospital" charges (set by Secretary of Defense and currently $1.75 per day); for private care, the same fees or the first $25, whichever is the larger.

The time limit on private care is 12 months, but if hospitalization still is required after this period the dependent will be protected. In this case the Defense Department will transfer the dependent to a military facility or will make direct payment to a private hospital.

Although regulations will spell out limitations and authorizations in more detail, the law makes the following provisions:

Care in military facilities to include: (1) Diagnosis, treatment of acute medical and surgical conditions, treatment of "contagious diseases," immunization and maternity and infant care. (2) Hospitalization for nervous and mental disorders, chronic diseases or elective medical and surgical treatments *but only in "special and unusual cases"* and for not more than 12 months. This would be provided at the discretion of the Secretary of Defense. Dental care not authorized except in unusual cases, while abroad or at remote stations in the U. S.

Private care will include: (1) Hospitalization in semi-private accommodations up to one year for each admission, including all necessary services and supplies furnished by hospital, (2) Medical and surgical care incident to hospitalization, (3) Complete obstetrical and maternity service, including prenatal and postnatal care, and (4) Physician's or surgeon's services prior to and following hospitalization for bodily injury or surgery.

Under the private care program, some services may be furnished outside the hospital, such as surgery in a doctor's office, x-rays or laboratory tests, "but not what is normally conceived to be out-patient care." If experience shows they can be afforded, additional services may be authorized, but whatever the scope of private care, it cannot exceed that furnished in military facilities. Out-patient care will be furnished by military facilities, but "uniform minimal" charges may be imposed as a restraint on excessive demands.

Miscellaneous

Federal appropriations for medical research are at an all-time record, explained in part by Senate approval of a 48 per cent increase over last year's funds.

Dr. Lowell T. Coggeshall, special assistant to HEW Secretary Folsom, believes some "wise changes" should be made in medical economics to facilitate payment for the "spectacular" new medical services. He expressed his views in addressing a group at the University of Pennsylvania Medical School.

Russia and eight satellites, out of active participation in World Health Organization for more than six years, now are back in; they agreed to pay 5 per cent of past-due assessments over a 10-year period.

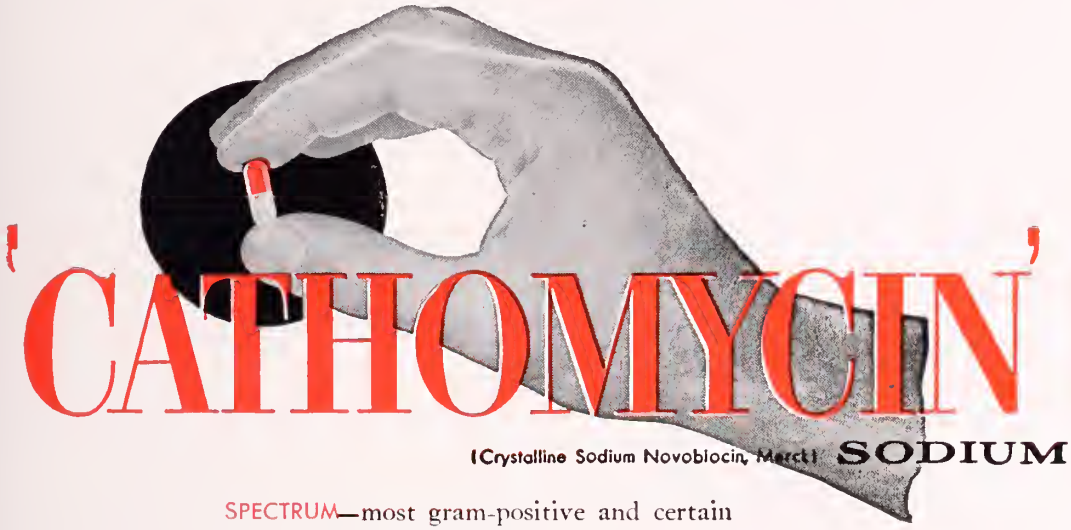
The highway program contains a provision for a one-year study of traffic safety, a problem in which the American Medical Association has been actively interested for years.

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)

RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris;* including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

WE CORDIALLY INVITE YOUR INQUIRY

for application for membership which affords protection against loss of income from accident and sickness, as well as benefits for hospital expenses for you and all your eligible dependents.

SINCE 1902

ALL PREMIUMS COME FROM

PHYSICIANS
SURGEONS
DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

Obituaries

JOHN McGUIRE, M. D.

Dr. John McGuire, 67, of Bluefield, died at a hospital in that city, June 9, 1956, following a long illness.

Doctor McGuire was born at Cedar Bluff, Virginia, March 14, 1889, son of the late James Mathason and Margaret McGuire. He received his academic education at Emory and Henry College and graduated from the Medical College of Virginia in 1915. He interned at Johnston Willis Hospital and served a three year residency in ophthalmology and otolaryngology at Manhattan Eye, Ear, Nose and Throat Hospital, New York City.

In 1940, he formed a partnership with his nephew, Dr. R. C. Fugate, of Bluefield, and remained in active practice until shortly before his death.

He served as a surgeon in the Medical Corps of the Army during World War I, being attached to the 114th Infantry, 29th Division. He was in six major engagements and was wounded at Verdun, receiving a citation.

He was a member of the Mercer County Medical Society, the West Virginia State Medical Association and the American Medical Association. He was a diplomate of the American Board of Otolaryngology.

In addition to his nephew, Dr. R. C. Fugate, he is survived by a brother, Marvin McGuire of Richlands, Virginia, and two sisters, Mrs. T. W. Fugate of Roanoke, and Mrs. Fred Bane of Pulaski, Virginia.

* * * *

CHESTER R. OGDEN, M. D.

Dr. Chester R. Ogden, 82, of Clarksburg, a past president of the West Virginia State Medical Association, died at his home in that city May 31, following an illness of several months' duration.

Doctor Ogden was born at Sardis, in Harrison County, November 9, 1873. He graduated from Salem College in 1897 and received his M. D. degree from the University of Louisville School of Medicine in 1902. He interned at New York Polyclinic Hospital and had postgraduate work in surgery there at Augustana Hospital and the Mayo Clinic. He located in Clarksburg, where he continued in active practice until compelled to retire several months ago because of illness.

Besides serving as president of the State Medical Association in 1927, he had also served as president and secretary of the Harrison County Medical Society, of which he had been a member since 1909. He was a member of the Council of the State Medical Association for ten years, and served as AMA Delegate in 1927.

He was elected to honorary membership by his local society and the State Medical Association in 1942.

Doctor Ogden's first wife, the former Edna Louchery, died in 1942. His second wife, the former Mabel Murdy, survives. He is also survived by two daughters, Mrs. Virginia Ogden Stout, and Mrs. Mary Ogden Morford, both of Clarksburg.

ROSCOE GLENN STOTTS, M. D.

Dr. Roscoe Glenn Stotts, 74, of Kenova, died May 22, 1956 at his home in that city following an illness of several weeks' duration. He had engaged in general practice there for the past 39 years.

Doctor Stotts was born at Camp Chase, Ohio, June 11, 1881. He received his M. D. Degree from Starling Medical College, Columbus, Ohio, in 1906, and engaged in general practice at Ironton and Columbus before moving to Kenova in 1917.

He was an honorary member of the Cabell County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his widow, he is survived by a daughter, Lou Ann Stotts at home; two stepsons, Decker and Bobbie Walker at home; a brother, Ellis Stotts of Columbus; and a sister, Mrs. Chiles Henry of St. Petersburg, Florida.

ACCP Fellowship Conferred Upon West Virginia Physicians

The following physicians received their Certificates of Fellowship in the American College of Chest Physicians at the 22nd annual meeting held at the Hotel Sherman in Chicago, June 6-10:

Daniel W. Dickinson and William J. Steger, Wheeling; and Morris H. O'Dell and Haven M. Perkins. Charleston.

Dr. George R. Maxwell of Morgantown, was reelected Governor of the College for West Virginia.

The following officers of the ACCP were elected for 1956-57:

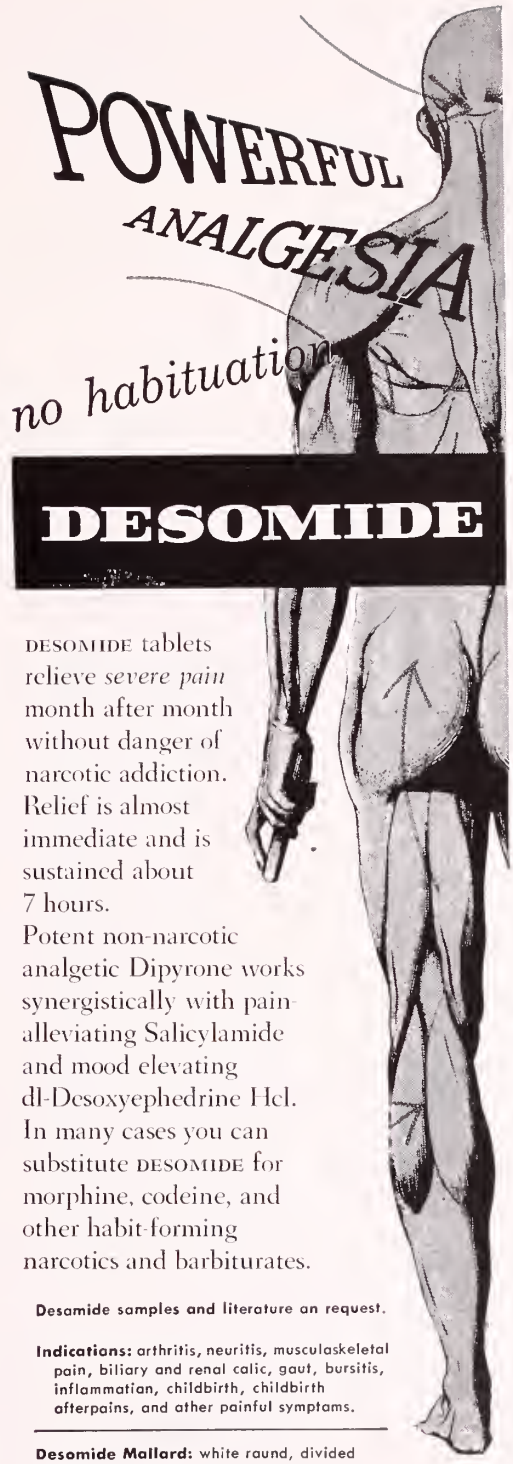
President, Herman J. Moersch, Rochester, Minnesota; president elect, Burgess L. Gordon, Philadelphia; first vice president, Donald R. McKay, Buffalo, New York; second vice president, Seymour M. Farber, San Francisco; treasurer, Charles K. Petter, Waukegan, Illinois; assistsant treasurer, Albert H. Andrews, Chicago; chariman, board of regents, John F. Briggs, St. Paul, Minnesota; and historian, Carl C. Aven, Atlanta, Georgia.

Dr. Henry C. Sweany, director of research, pathology and allied sciences at the Missouri State Sanatorium in Mt. Vernon, was awarded the College Medal for his outstanding contributions in the field of chest pathology.

Doctor Sweany was the first person in America to use cultures on a large scale in the routine diagnosis of tuberculosis. He was also first to use blood chemistry methods in the hospitals of Chicago where he was director of laboratories and research at the Chicago Municipal Tuberculosis Sanitarium for 29 years.

First Line of Defense Against TB

The doctor is the first line of defense against tuberculosis, but he cannot do the job alone. Health education is a major weapon. Tuberculosis is a public health problem, and an informed and alert public is essential to defeat this age-old disease.—E. A. Meyerding, M. D., in Minnesota Medicine.



DESOMIDE tablets relieve *severe pain* month after month without danger of narcotic addiction. Relief is almost immediate and is sustained about 7 hours.
Potent non-narcotic analgetic Dipyrone works synergistically with pain-alleviating Salicylamide and mood elevating dl-Desoxyephedrine Hcl. In many cases you can substitute DESOMIDE for morphine, codeine, and other habit-forming narcotics and barbiturates.

Desamide samples and literature an request.

Indications: arthritis, neuritis, musculaskeletal pain, biliary and renal calic, gaut, bursitis, inflammatian, childbirth, childbirth afterpains, and ather painful symptams.

Desomide Mallard: white raund, divided tablet cantaining Dipyrane 100 mgs., Salicylamide 100 mgs., dl Desaxyephedrine Hcl 1.5 mgs.
AVAILABLE: Battles, 100, 1000.

There's always a Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

See Our

TECHNICAL EXHIBIT

At The

89th Annual Meeting

Of The

West Virginia State Medical Association

At The

GREENBRIER

White Sulphur Springs

August 23-25, 1956

"Be Sure to Visit Us At Booth No. 24 —

We Will Have Something of Interest for You"

•

"Our 28th Year"

•

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

ANNUAL AUDIT

The annual audit of receipts and disbursements of the West Virginia State Medical Association for the calendar year 1955 has been completed by Fitzhugh, Erwin, McKee & Hickman, of Charleston, Certified Public Accountants, and submitted to the Association's treasurer, Dr. T. Maxfield Barber, of Charleston. The complete audit, with letter of transmittal follows:

FITZHUGH, ERWIN, McKEE & HICKMAN
Certified Public Accountants
Kanawha Banking & Trust Building
Charleston 1, W. Va.

West Virginia State Medical Association
Charleston, West Virginia

We have made an examination of the receipts and disbursements of West Virginia State Medical Association for the calendar year ended December 31, 1955, and submit herewith summary statements of the various funds. The distributions of receipts and disbursements between the various accounts and funds was taken from the books of the Association.

Cash in Bank at December 31, 1955, amounting to $33,002.29 was reconciled with the balance as confirmed by the depository bank. We did not examine office petty cash disbursements.

The salary of the Executive Secretary was $12,000.00 for the year 1955. Of this amount $9,000.00 was charged to the General Fund and $3,000.00 was charged to the Medical Journal for managing and editing the Journal.

In September 1955, there was a deposit of $995.00 representing the balance in the Wyoming County Medical Society Osteopathic Fund turned over to the State Association. As authorized, a $1,000.00 U. S. Treasury 2½% Bond was purchased at a cost of $958.36. The balance of $36.64 is included in the General Fund balance at December 31, 1955.

In addition to the above bond, the Association purchased one $10,000.00 and one $500.00 U. S. Treasury 2½% Bond at a cost of $10,311.56. One $10,000.00 Bond matured in December 1954, and the proceeds were deposited in the bank in January, 1955. The bonds on hand at December 31, 1955, inspected at your safe deposit box on January 3, 1956, were as follows:

Bonds	*Serial*		*Due Date*	*Par Value*
U. S. Treasury 2½%	27070A		12-15-72	$10,000.00
U. S. Treasury 2½%	27846F		12-15-72	10,000.00
U. S. Treasury 2½%	70011A		12-15-72	1,000.00
U. S. Treasury 2½%	70012B		12-15-72	1,000.00
U. S. Treasury 2½%	72361A	(sp. Fund)	12-15-72	1,000.00
U. S. Treasury 2½%	19534D		12-15-72	500.00
U. S. Treasury 2½%	20707H		12-15-72	500.00
U. S. Treasury 2½%	20935E		12-15-72	500.00
U. S. Treasury 2½%	21421A		12-15-72	500.00
				$25,000.00

A comparison of the assets and balances in the various funds at December 31, 1954 and 1955 is as follows:

	December 31, 1954	December 31, 1955	Increase (Decrease)
General Fund	$30,449.65	$29,562.57	($ 887.08)
A. M. A. Dues	—	—	—
Public Relations Fund	4,532.31	4,040.87	(491.44)
Medical Journal Fund	4,728.66	6,864.99	2,136.33
Convention Fund (Deficit)	(10,979.78)	(7,466.14)	3,513.64
Total Cash	$28,730.84	$33,002.29	$ 4,271.45
U. S. Treasury Bonds at Cost	23,623.06	24,842.63	1,219.57
Total Cash and Bonds	$52,353.90	$57,844.92	$ 5,491.02

In our opinion, all receipts of record of West Virginia State Medical Association for the calendar year 1955 have been properly accounted for and the balance of cash in bank and U. S. Treasury bonds on hand at December 31, 1955 are correctly stated herein.

FITZHUGH, ERWIN, McKEE & HICKMAN

Charleston, W. Va.
April 25, 1956

COMBINED STATEMENT OF RECEIPTS AND DISBURSEMENTS
Calendar Year 1955

CASH IN BANK—JANUARY 1, 1955		$ 28,730.84
RECEIPTS		
Dues—Net	$30,857.50	
Interest on U. S. Bonds	715.53	
U. S. Treasury Bonds Matured ($10,0000.00 Par)	10,000.00	
Collection Commission—A.M.A. Dues	319.12	
Dues Collected for A. M. A.	30,400.00	
Advertising	24,359.90	

Emblems Sold	105.00	
Subscriptions	204.15	
Exhibit Space Sold	5,985.00	
Sale of Equipment	47.50	
Wyoming County Osteopathic Fund	995.00	
Total Receipts		103,988.70
		132,719.54
DISBURSEMENTS		
General Fund—Expense	28,933.81	
—U. S. Treasury Bonds purchased ($11,500 Par)	11,269.92	
Dues Forwarded to A. M. A.	30,400.00	
Public Relations Fund	491.44	
Medical Journal Fund	22,532.72	
Convention Fund	6,089.36	
Total Disbursements		99,717.25
CASH IN BANK—DECEMBER 31, 1955		$ 33,002.29

GENERAL FUND

Statement of Receipts and Disbursements Calendar Year 1955

BALANCE—JANUARY 1, 1955		$ 30,449.65
RECEIPTS		
Dues (allocated to General Fund)	$27,239.50	
Interest on U. S. Bonds	715.53	
U. S. Treasury Bonds Matured ($10,000.00 Par)	10,000.00	
Collection Commission—A.M.A. Dues	319.12	
Wyoming County Osteopathic Fund	995.00	
Sale of Equipment	47.50	
Total Receipts		39,316.65
		69,766.30
DISBURSEMENTS		
Salaries—Executive Secretary (Less Payroll Taxes)	7,296.00	
Office Salaries (Less Payroll Taxes)	6,336.80	
Office Supplies and Expense	2,218.22	
Office Rent	1,800.00	
Telephone and Telegraph	840.42	
Postage	496.00	
Travel	3,265.57	
Miscellaneous Dues and other expense	1,436.37	
U. S. Treasury Bonds Purchased ($11,500 Par)	11,269.92	
Social Security and Withholding Taxes	3,364.20	
Mimeograph	646.15	
Expense of Meetings—Council and Association Committees	1,234.08	
Total Disbursements		40,203.73
BALANCE—DECEMBER 31, 1955		$ 29,562.57

AMERICAN MEDICAL ASSOCIATION DUES

Statement of Receipts and Disbursements Calendar Year 1955

BALANCE DUE A.M.A.—JANUARY 1, 1955	$ None
RECEIPTS	
Dues Collected for A.M.A.	30,400.00
DISBURSEMENTS	
Dues Forwarded to A.M.A.	30,400.00
BALANCE DUE A.M.A.—DECEMBER 31, 1955	$ None

PUBLIC RELATIONS FUND

Statement of Receipts and Disbursements Calendar Year 1955

BALANCE (State Assessments)—January 1, 1955		$ 4,532.31
RECEIPTS		
Assessments		None
		4,532.31
DISBURSEMENTS		
Conference and General Expenses		491.44
BALANCE (State Assessments)—December 31, 1955		$ 4,040.87

MEDICAL JOURNAL FUND

Statement of Receipts and Disbursements Calendar Year 1955

BALANCE—JANUARY 1, 1955		$ 4,728.66
RECEIPTS		
Advertising	$24,359.90	

If It's

SURGICAL-MEDICAL SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

Emblems Sold	105.00	
Subscriptions	204.15	
Total Receipts		24,669.05
		29,397.71
DISBURSEMENTS		
Printing	17,207.56	
Engraving	347.58	
Postage	333.51	
Miscellaneous Expense	142.37	
Salaries and Editing	4,225.00	
Travel Expense	276.70	
Total Disbursements		22,532.72
BALANCE—DECEMBER 31, 1955		$ 6,864.99

CONVENTION FUND

Statement of Receipts and Disbursements Calendar Year 1955

BALANCE (Deficit)—January 1, 1955		($10,979.78)
RECEIPTS		
Dues (Allocated to Convention Fund)	$3,618.00	
Exhibit Space Sold	5,985.00	
Total Receipts		9,603.00
		(1,376.78)
DISBURSEMENTS		
Supplies and Labor	3,363.90	
Travel	684.20	
Entertainment	1,601.99	
Miscellaneous	439.27	
Total Disbursements		6,089.36
BALANCE (Deficit)—December 31, 1955		($ 7,466.14)

Don't forget that your wife still enjoys candy and flowers. Let her know that you remember—speak of them occasionally!—Anon.

"...in patients with moderately severe and severe cardiac failure, neohydrin is the oral diuretic of choice."*

*Moyer, J. H., and others: J. Chronic Dis. 2:670, 1955.

03056

County Societies

BARBOUR-RANDOLPH-TUCKER

Dr. Guy H. Michael, Jr., of Parsons, was elected president of the Barbour-Randolph-Tucker Medical Society for 1956-57 at the regular monthly meeting which was held at St. John's Church in Parsons on May 17. Other officers were elected as follows:

Dr. John E. Lenox of Philippi, first vice president; Dr. Paul D. Snedegar of Philippi, second vice president; Dr. A. C. Thompson of Elkins, secretary; and Dr. Robert R. Rector of Elkins, treasurer.

Dr. Semon M. Lilienfeld of Parsons, Dr. Hu C. Myers of Philippi, and Dr. A. C. Thompson were elected delegates to the annual meeting of the West Virginia State Medical Association at White Sulphur Springs in August.

Dr. Guy H. Michael, Jr., Dr. A. Kyle Bush of Philippi, and Dr. Charles L. Leonard of Elkins were elected alternate delegates.

Dr. Donald R. Roberts, the retiring president, presided at the scientific session. Dr. O. L. Haynes of Fairmont was the guest speaker and presented an interesting paper on the subject of "Respiratory Disturbances of the Newborn and Infant."—A. C. Thompson, M. D., Secretary.

CABELL

Dr. Harvey C. Knowles, Jr., of Cincinnati, Ohio, was the guest speaker at the May meeting of the Cabell County Medical Society, held at the Prichard Hotel in Huntington on May 10. Dr. Thomas G. Folsom, the president, presided at the meeting, which was attended by 42 members.

Doctor Knowles, who is assistant professor of medicine at the University of Cincinnati College of Medicine, presented a review of "Recent Advances in Fluid Therapy." Several of the members joined in the discussion following the presentation of the paper.

At the business meeting preceding the scientific program, Thomas R. Egbert, a representative of the Rehabilitation Division of the State Board of Vocational Education, reviewed the vocational rehabilitation program in the state. Mr. Egbert stressed the need for close cooperation between physicians and the vocational rehabilitation program.

Dr. Albert C. Esposito, chairman of the public relations and education committee, reported that four members of the Society will appear as speakers on a television program over WSAZ-TV. The discussion will be on "Diseases of the Heart."

Dr. Sidney Schnitt reported for the Medical Social Service Agency. He announced that the Social Service Agency is now open with two full-time employees on duty in the City-County Health unit. Doctor Schnitt said the agency is now in the process of establishing

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winstan, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING, AUDITING, TAX RETURNS

criteria for eligibility of indigent patients for free medical care, and that when these criteria are definitely established they will be presented to the Cabell County Medical Society for approval. He outlined the purpose of the Agency as follows: (1) to establish eligibility of indigent patients, and (2) to give advice and guidance to its applicants.

Dr. Bruce H. Pollock gave a report on the activities of the public health committee. He announced that Gamma Globulin is available to physicians without charge for treatment of patients exposed to measles. He urged that members report to the Health Department the communicable diseases which they see in daily practice. Doctor Pollock also presented the annual budget of the Cabell-Huntington Public Health Department for approval. Following discussion by several members, the budget was approved.

The following members were elected delegates to the annual meeting of the State Medical Association in White Sulphur Springs, August 23-25: Drs. A. C. Esposito, John F. Morris and Richard J. Stevens. Elected as alternates were: Drs. William K. Marple, Jack Leckie, Siegfried Werthammer and Gates J. Wayburn.

Dr. Fritz Levy was elected to honorary membership in the Society—Ronald E. Crissey, M. D., Secretary.

* * * *

CENTRAL WEST VIRGINIA

Dr. Archer A. Wilson, neurosurgeon of Charleston, was the guest speaker at the regular monthly meeting of the Central West Virginia Medical Society which was held at the Community Building in Sutton on June 7.

The speaker's subject was "Treatment of Head Injuries," and he placed special emphasis on the importance of adequate treatment of the scalp wound, conservative treatment of the average head injury, and the value of history of injury in diagnosis of subdural hematoma. Doctor Wilson also used case histories to illustrate various types of injury.

Dr. J. C. Huffman of Buckhannon, the president, presided at the business meeting. He read a letter from the executive secretary of the West Virginia State Medical Association concerning the selection of a "General Practitioner of the Year" at the annual meeting at the Greenbrier in August. Doctor Huffman announced that nominations, if any, from the Central West Virginia group should be considered at the next meeting of the Society.

The following delegates were elected to represent the Society at the state meeting: Drs. Robert L. Chamberlain, J. E. Echols, Bernard M. Hutchinson, and Theresa O. Snaith. The alternates are as follows: Drs. William W. Huffman, Eldon H. Pertz, Ira F. Hartman and Wease L. Ashworth.

Dr. J. E. Echols was named program chairman of the next meeting which will be held at Richwood.—Theresa O. Snaith, M. D., Secretary.

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenalagist
Joel Allen, M. D.
Ophthalmalagy
Ralph S. McLaughlin, M. D.
Endascapy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgean
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otalaryngalagy
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administratar
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

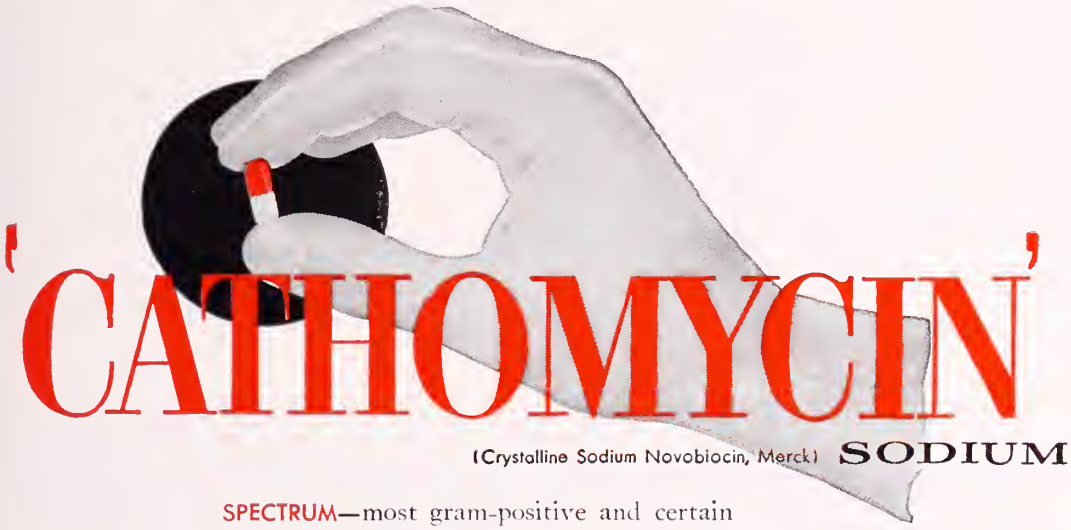
Marmet, West Virginia *Telephone WI 9-4842*

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)

RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris;* including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

FAYETTE

Dr. Franklin D. Milam of Charleston was the guest speaker at the May meeting of the Fayette County Medical Society which was held at the Hotel Hill in Oak Hill on May 15. The speaker presented an interesting paper on "Hematuria."

A special meeting of the Fayette County Medical Society was held at the Glen Ferris Inn, in Glen Ferris, on Tuesday, June 5, for the purpose of considering the matter of future meetings of the Society.

Several members discussed ways and means to increase attendance at monthly meetings, after which the Society voted unanimously to continue meetings throughout the year with exception of July and August.

A committee was appointed by the president, Dr. C. W. Stallard, Jr., to investigate and report back concerning the advisability of having all meetings at a central place in Fayette County. The committee is composed of Dr. Peter P. Ladewig, chairman, and Drs. W. P. Bittinger and E. V. Nutter.

It was ordered that dinner meetings be continued and that return postcards be mailed monthly to all members to be signed and returned, indicating whether or not they will attend the dinner or only the meeting which will follow. The matter of the cost of meals is to be taken care of by each member present at a particular meeting.

A three-man committee was appointed to arrange the scientific programs for the remainder of the year, and it was understood that two members are to be appointed to discuss each paper presented. The president appointed Doctor Ladewig as chairman of the committee. The other members are Drs. W. P. Bittinger and R. M. German, Jr.

It was unanimously agreed that new officers are to be elected annually at the November meeting, at which time a program committee consisting of three members is to be appointed for staggered terms of one, two and three years.

Drs. Ladewig, Bittinger and R. DeWitt Peck, the secretary, were named as delegates to the annual meeting of the State Medical Association's House of Delegates at White Sulphur Springs, August 23-25.

Charles Lively, executive secretary of the West Virginia State Medical Association, and William H. Lively, the assistant executive secretary, were guests at the meeting and entered into the discussion concerning the status of the society as a component of the West Virginia State Medical Association.

At the end of the discussion period, the vote was unanimous for the group to continue to function as an organized medical society within the West Virginia State Medical Association.

The president, Dr. C. W. Stallard, Jr., presided at the meeting, which was attended by fourteen members and two guests.—R. DeWitt Peck, M. D., Secretary.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

McDOWELL

The regular monthly meeting of the McDowell County Medical Society was held at the Appalachian Community Room in Welch on April 11. Dr. O. E. Linkous, the president, presided at the meeting which was attended by 26 members and guests.

Dr. William F. Hillier, Jr., prominent neurosurgeon of Ashville, North Carolina, was the guest speaker at the meeting. He presented a paper on the subject of "Subarachnoid Hemorrhage." A question and answer period followed Doctor Hillier's talk.

At the business meeting, Dr. John J. Madonna of Welch and Dr. John W. Yost of Algoma were elected to membership in the Society. Dr. Kenneth N. Byrne of Welch, who is chairman of the cancer society in McDowell county, submitted an interesting report on the various activities of the society.

Dr. Thomas E. Fitz of Welch, president of the McDowell County Mental Health Association, called upon the members of the Society for their support in the activities of that group.—F. L. Johnston, M. D., Secretary.

* * * *

OHIO

New officers of the Ohio County Medical Society and the Fort Henry Academy of Medicine were elected at a joint dinner meeting held at the Wheeling Country Club, in Wheeling, on May 24, as follows:

Ohio County Medical Society: President, R. M. Sonneborn; vice president, Francis J. Gaydosh; secretary, Joseph L. Curry; and treasurer, A. J. Niehaus (reelected).

Fort Henry Academy: President, Charles H. Hiles, Wheeling; vice president, James Arbaugh, Martins Ferry, Ohio; and secretary-treasurer, Thomas L. Thomas, Wheeling.

The following delegates and alternates were named to represent the Ohio County Medical Society at the annual meeting of the West Virginia State Medical Association at White Sulphur Springs, August 23-25, 1956:

Delegates: Drs. George L. Armbrecht, Charles H. Hiles, D. E. Greeneltch, H. R. Sauder, Howard G. Weiler, and Robert U. Drinkard.

Alternates: Drs. James K. Stewart, Andrew K. Butler, W. C. D. McCuskey, James E. Spargo, A. L. Wanner, W. E. McNamara, Jr., R. D. Gill, M. B. Williams, and Edward N. Pell.

Dr. Athey R. Lutz of Parkersburg, President of the State Medical Association, and Charles Lively of Charleston, Executive Secretary, were guest speakers at the meeting.

Doctor Lutz limited his discussion to the Blue Cross-Blue Shield program with emphasis on the program of the plans operating in West Virginia.

He said that more than 900 insurance companies are now selling health and accident insurance in the United States, with annual premiums in excess of $3

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1511 - Phone 5-3245

billion. He also said that more people are now covered by Blue Cross than voted for President Eisenhower at the last election.

He outlined the work that is being done in this state by a special Blue Cross-Blue Shield joint committee, composed of representatives of the Blue Cross-Blue Shield Association of West Virginia, the West Virginia Hospital Association, and the State Medical Association.

Charles Lively discussed briefly the program that has been arranged for the 89th annual meeting at White Sulphur Springs in August. He emphasized the importance of having a full delegation represent each component society at the two sessions of the House of Delegates.—W. E. McNamara, Jr., M. D., Secretary.

* * * *

WYOMING

Dr. Herbert B. Barken of Charleston, medical consultant to the bureau of venereal disease control, State Health Department, was the guest speaker at the regular meeting of the Wyoming County Medical Society held at the Cow Shed in Pineville on May 6. Doctor Barken's subject was "The Medical Evaluation of Serologic Tests for Syphillis."

At the business meeting which followed a dinner for members and guests, Dr. Ward Wylie and Dr. Geo. F. Fordham, both of Mullens, were elected to represent the Society as delegates to the annual meeting of the West Virginia State Medical Association in August. Drs. E. M. Wilkinson and D. H. Williams were elected alternates.—George F. Fordham, M. D., Secretary.

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. Paul P. Warden, Grafton
President Elect: Mrs. J. E. Spargo, Jr., Wheeling
First Vice President: Mrs. George T. Evans, Fairmont
Second Vice President: Mrs. A. J. Villani, Welch
Third Vice President: Mrs. Lynwood D. Zinn, Clarksburg
Fourth Vice President: Mrs. John F. Morris, Huntington
Treasurer: Mrs. George Miyakawa, Charleston
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. R. D. Stout, Grafton
Parliamentarian: Mrs. J. Preston Lilly, Charleston

MRS. PAUL CRAIG HEADS AMA AUXILIARY

Mrs. Paul C. Craig of Wyomissing, Pa., was named president elect of the Woman's Auxiliary to the American Medical Association at the annual meeting in Chicago, June 11-15. She will succeed Mrs. Robert Flanders of Manchester, New Hampshire, who was installed as president at the final meeting of the Auxiliary on June 14. Other officers were elected as follows:

Vice presidents, Mrs. E. Arthur Underwood, Vancouver, Washington; Mrs. Clark Bailey, Harlan, Ky.; Mrs. Frank Gastineau, Indianapolis, Ind.; Mrs. Edgar E. Quayle, Washington, D. C., and Mrs. Carl Burkland, Carmichael, California.

Mrs. M. A. Gold of Butte, Montana, was elected

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

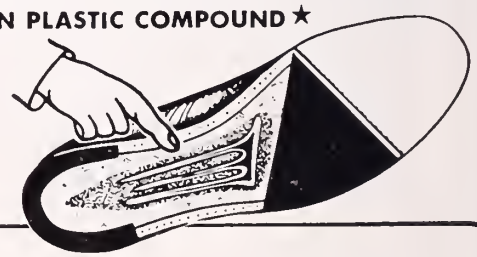
Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and abscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

PATENTED ARCH SUPPORT CONSTRUCTION — WIDE STEEL SHANK IMBEDDED IN PLASTIC COMPOUND ★



- Insole extension and wedge at inner corner of heel where support is most needed.
- ★ The patented arch support construction is guaranteed not to break down.
- Innersoles guaranteed not to crack or collapse.
- Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.
- Conductive Shoes for surgical and operating room personnel. N.B.F.U. specifications.
- We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

treasurer, and Mrs. Richard F. Stover of Miami, Florida, constitutional secretary.

West Virginia Members Honored

Mrs. Charles L. Goodhand of Parkersburg was named for her third consecutive year as National Legislation Chairman, and Mrs. Ross P. Daniel of Beckley was elected to a one-year term as a Director of the Auxiliary.

Besides Mrs. Daniel and Mrs. Goodhand, the Auxiliary to the West Virginia State Medical Association was represented at the meeting by the president, Mrs. Paul P. Warden of Grafton, and Mesdames W. Paul Elkin, Charleston, J. C. Huffman, Buckhannon, and J. E. Spargo, Jr., W. E. McNamara, Jr., and R. W. W. Phillips, Wheeling.

* * * *

BARBOUR-RANDOLPH-TUCKER

The Woman's Auxiliary to the Barbour-Randolph-Tucker Medical Society held a joint dinner meeting with the B-R-T Medical Society at St. John's Methodist Church in Parsons on May 17.

Mrs. J. Ralph Woodford, the president, presided at a business meeting which was held following the dinner at the home of Mrs. Guy H. Michaels, Jr., in Parsons. Plans were made for the annual B-R-T Postgraduate Scientific Session which will be held at the Tygarts Valley Country Club, near Elkins, on June 21. It will be held in conjunction with the annual "Doctors Day" celebration.

Following the business meeting, a film of the Winter Ski Carnival which was held at Davis was shown by Mr. Felix Colabrese of Parsons. The Monongahela Power Company produced the film. Mrs. Winona Coberly of Parsons also entertained the members with a series of readings.—Mrs. Herman Seltz, Correspondent.

* * * *

PRESTON

Mrs. W. Parke Johnson of Arthurdale was elected president of the Woman's Auxiliary to the Preston County Medical Society at a luncheon meeting held at the Arthurdale Inn on May 25.

Mrs. W. P. Brown of Kingwood was named vice president, and Mrs. John W. Trenton of Kingwood, secretary-treasurer.

Mrs. Paul P. Warden of Grafton, state president of the Auxiliary, was the guest speaker at the luncheon. She discussed plans for the annual meeting at the Greenbrier in White Sulphur Springs, August 23-25. Mrs. C. Y. Moser, Correspondent.

One of the Greatest Thrills

The 75 per cent of doctors in general practice who disagreed with the statement, "Compared with their patients, most doctors make too much money" in the poll, "What Americans Think of the Medical Profession," last year apparently agree with the statement that "wealthy doctors, like all wealthy people, miss one of the greatest thrills in life—paying off the last installment!"—Minnesota Medicine.

EVERY WOMAN

WHO SUFFERS

IN THE

MENOPAUSE

DESERVES

"PREMARIN"®

widely used

natural, oral

estrogen

AYERST LABORATORIES

New York, N.Y. • Montreal, Canada

5645

Book Reviews

NEW AND NONOFFICIAL REMEDIES, 1956. Prepared by the Council on Pharmacy and Chemistry of the American Medical Association under the direction of the Council Secretary, Harold D. Kautz, M. D. Pp. 540. J. B. Lippincott Company, Philadelphia. 1956. Price $3.25.

This annual publication of the AMA Council on Pharmacy and Chemistry contains descriptions of drugs evaluated on the basis of available scientific data and reports of investigations conducted relative to agents proposed for medicinal or adjunctive use in or on the human body for the diagnosis, prevention or treatment of disease. Descriptions are limited to generally available individual drugs which have not been included in the U. S. P., the N. F., or N. N. R. for a prior cumulative period of 20 years.

Under nonproprietary names, descriptions are presented in the form of monographs which provide the following information: chemical or biologic identity, including pertinent properties; actions and uses, including associated side effects, toxicity, and precautions; dosage, including associated side effects, toxicity, and precautions; dosage, including routes of administration.

Monographs are arranged alphabetically according to their nonproprietary titles and are grouped under chapters according to pharmacologic action or clinical use, with names of marketed preparations intended for use as stated for each drug listed alphabetically after each monograph to aid readers not familiar with nonproprietary terminology. Nonproprietary and other names also appear, together with chapter and group references, in the general index provided at the end of the book. All the material in the volume has previously been made available to the profession in the Council's column of the JAMA.

This annual volume shows considerable change from previous volumes. The scope of the book is no longer restricted to descriptions of drugs having established uses, but has been expanded to provide for the inclusion of information on all available new drugs. Dosage forms and sizes, the names of manufacturers, and monographs describing ready-prepared mixtures of two or more drugs have been eliminated to permit more emphasis on basic information.

Acknowledgement is given to the individual consultants throughout the country who have rendered aid to the Council in the evaluation work. These consultants number 226, of whom one is from Kentucky, three from Ohio, and four from Virginia. None are from West Virginia.

From the standpoint of the practicing physician, the volume is the most valuable thus far in the series. More basic information is given relative to the individual drugs discussed. The arrangement is alphabetical throughout. Seven monographs which were included in the 1955 edition have been deleted because of the cumulative 20 year period, and 58 new ones have been included.

There is a brief outline of the work done by official

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

◆

SUPERB ACCOMMODATIONS

for

Acute and permanent Geriatric patients

and

Acute female nervous disorders

SHOCK THERAPY

and

other treatment as indicated

◆

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

and quasi-official bodies which are concerned with standards, distribution, labeling and advertising of drug products. These include the United States Pharmacopoeial Convention; the American Pharmaceutical Association; the Federal Food and Drug Administration; the U. S. Public Health Service; the Federal Trade Commission; the Bureau of Narcotics; and the Fraud Section in the Post Office Department.

The monographs are grouped into 25 chapters, each including drugs having related physiological action and/or therapeutic use. Fifty pages are devoted to antibiotics; sixty-four to autonomic drugs; fifty-eight to hormones and synthetic substitutes; twelve to radioactive isotopes; and twenty-two to vitamins. The discussion of Chloramphenicol (Chloromycetin) takes up almost three pages and the values, limitations and dangers of this drug are particularly stressed.

All in all, this little book presents the best rounded brief discussions of recent drugs we have seen. It should be of enormous value to the busy practitioner. The metric system is used entirely, as is customary in all publications of the Council, but in deference to the older members of the profession whose education was obtained essentially only in the apothecary system, an excellent table of dosage equivalents is given. The index is well done and, *mirable dictu*, we failed to observe a single error in proofreading in the entire 540 pages—a real accomplishment in itself. With the spate of new drugs deluging the busy doctor, one daily on an average the year around, we would label this volume a *sine qua non* in every medical office.—Walter E. Vest, M. D.

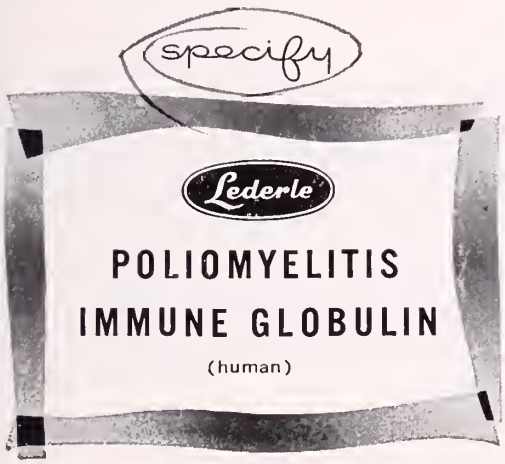
* * * *

THE MENNINGER STORY—By Walker Winslow. Pp. 350. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y. 1956. Price $5.00.

This is a fascinating factual account of the growth and development of an idea which was pushed to fruition by the cooperative efforts and practical idealism of Dr. Charles F. Menninger, who was fortunate in having at hand a helpful wife and comrade and two sons, Will and Karl, who have furnished the motive power. We see here the results of much planning, forethought and effort directed to the one basic purpose of more satisfactory treatment of the mentally ill in this country.

The Menninger Clinic, one of the leading centers of psychiatric effort in the world today, is a tribute to the will to power of the sons based on "the will to believe" that it could be accomplished. Walker Winslow has written an entertaining volume which will take its place in the literature devoted to the history of psychiatry.

The faith in the Menningers by the people of Topeka has been amply justified, for the influence emanating from Topeka and the Winter Veterans Administration Hospital continues to spread and to advance the total problem of psychiatry in all its varied ramifications in this and other countries.—H. Sinclair Tait, M. D.



For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New York

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

CLINICAL RECOGNITION AND MANAGEMENT OF DISTURBANCES OF FLUID BALANCE—By John H. Bland, M. D., Associate Professor of Medicine, University of Vermont College of Medicine. Second Edition. Pp. 522, with numerous figures and tables. Philadelphia & London: W. B. Saunders Company. 1956. Price $11.50.

In this, the Second Edition, the fundamental aim remains unchanged, namely, that of providing a practical pathophysiological interpretation of metabolic deviations of water, electrolyte and acid-base metabolism in disease. Attention is directed to the interpretation of clinical signs and symptoms available at the bedside for better understanding and treatment of water and electrolyte abnormalities.

The book has undergone a complete rewriting to include data accumulated since the First Edition came off the press. Three new chapters have been added dealing with fluid and electrolyte metabolism in diseases of the liver, in pulmonary disease, and on the metabolic consequences of head injury.

The introductory chapters present the basic principles of fluid anatomy and physiology. The various aspects of Internal Medicine including renal disease, congestive failure, diabetes mellitus, and adrenal abnormalities receive individual treatment. Separate chapters deal with water and electrolyte disturbances in surgical, pediatric and geriatric patients.

This book represents a most complete and up-to-date discussion of normal and altered body fluid physiology. It is a welcome treatise since it summarizes a large body of clinical and experimental data in a field where thought and theory are rapidly changing due to the vast amount of research in progress.

Although much of the material is controversial and of a complex nature, the presentation is simplified with emphasis on thorough explanation of basic principles. The result is a readable text which even those individuals completely unfamiliar with problems of fluid metabolism can readily understand and digest.

The book is recommended for all physicians desiring a better appreciation of the clinical recognition and management of disturbances of fluid balance.—Frank A. Carone, M. D.

* * * *

THE NEUROSES IN CLINIC PRACTICE—By Henry P. Laughlin, M. D., Assistant Clinical Professor of Psychiatry, George Washington University School of Medicine; Head, Psychiatry and Neurology Division, Suburban Hospital, Bethesda, Maryland; Consultant in Psychiatry, Walter Reed Army Medical Center. Pp. 802. Philadelphia and London: W. B. Saunders Company. 1956. Price $12.50.

This up-to-date and well documented volume on "The Neuroses" brings together under one cover a satisfying account of the underlying concepts of these disorders and a clinical analytic interpretation of the modus operandi as well as the underlying relationships of the various types of neurotic disorder.

The original Freudian concepts have been modified

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

THE
Daniel Boone Hotel
CHARLESTON, W. VA.

Rates $4.00 Up

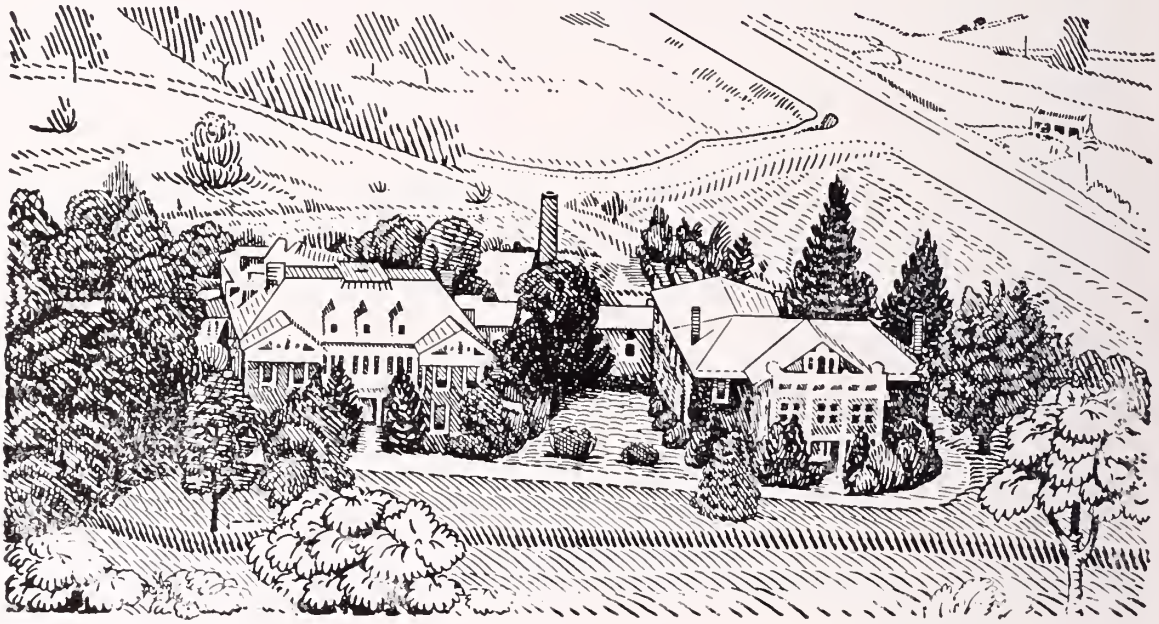
465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO
COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinsan, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

to conform with newer and more acceptable ideas with regard to the unconscious motivation and development of primary anxiety states and we have here a sound, thorough, and up-to-date treatise on this important aspect of mental illness.

The reviewer can highly recommend this book both to those who wish to know of modern concepts in this field and also to those whose ideas need to be reoriented and possibly advanced by perusing this well written and complete treatise on the neuroses.

The student of psychiatry will find this volume of definite value in his clinical work as well as in his library studies.—H. Sinclair Tait, M. D.

DICTIONARY OF DIETETICS—By Rhoda Ellis, Ph. D., Instructor of Foods and Nutrition, Department of Home Economics, Brooklyn College, New York. Pp. 152. Philosophical Library, 15 E. 40th Street, New York 16, N. Y. 1956. Price $6.00.

This little volume is a fine supplement to the large number of dictionaries now available on many subjects. It deals with the common terms as found in dietetics. The book is written in simple language that most any reader should be able to understand and so should be found useful by non-professional people. It is of chief interest to dietitians and students in dietetics.—Walter E. Schlabach, M. D.

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

THE WHEELING CLINIC
EOFF AT 16th STREET
WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
D. A. MacGregor, M. D.
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

THERAPY OF FUNGUS DISEASES—Edited by Thomas H. Sternberg, M. D., Professor of Medicine (Dermatology) and Assistant Dean for Postgraduate Medical Education, and Victor D. Newcomer, M. D., Associate Professor of Medicine (Dermatology), University of Southern California School of Medicine, Los Angeles. Pp. 337, Little, Brown and Company, Boston, Mass. 1955. Price $7.50.

This book is a collection of papers presented at a symposium in which over 200 leading scientists discussed the therapy of mycotic infections. The results of both clinical and laboratory studies on the pathogenic fungi are presented.

Of particular interest are several reports on a new antibiotic, Nystatin (Mycostatin), against several different superficial and deep seated mycoses. Several investigators reported this antibiotic to be effective in the treatment of cutaneous moniliasis, especially in infants. Studies on several other antibiotics and chemicals are also presented.

Many of the problems involved in the study of antifungal antibiotics are discussed, as well as some of the approaches being made to these problems.

For those interested in the advances that are being made in the treatment of mycotic infections and the many problems encountered in the treatment of these diseases, the book is worth the asking price. However, for moniliasis, very little new information is provided concerning the successful treatment of mycotic diseases in man.—Wm. K. Harrell, Ph. D.

Discretion of speech is more than eloquence.—Francis Bacon.

organomercurial diuretics "...permit ingestion of enough salt to make food palatable; without them, many patients would lose their appetites, a consequence of the salt-free diet which has occasionally been known to cause serious malnutrition."*

*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

03156

Entrance to Grounds

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

HARRISON S. EVANS, M. D., Medical Director

George T. Harding, M. D., President of Board — Charles L. Anderson, M. D., Clinical Director

L. Harold Caviness, M. D. — J. Russell Frantz, M. D. — Charles W. Harding, M. D.

Theodore J. Lukens, M. D. — Leslie H. Gould, M. D.

Telephone: Columbus FRanklin 2-5367

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otoloryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermotology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va.
Phones: Off. 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
1123 Virginia Street, E. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

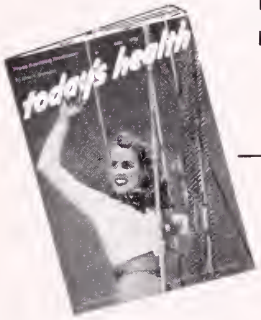
GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown Kanawha City
1034 Quarrier St. At Foot of Bridge

today's health a must!

for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

JULY ADVERTISERS

American Health Insurance Corp. ... vii
American Meat Institute ... xvii
Ayerst Laboratories ... xlvii

Bayer Company ... xxiv
Breon, George A., & Co. ... xxix
Broaddus Hospital ... xliv
Burroughs-Wellcome ... xviii

Charleston Engraving Company ... xlvi
Ciba Pharmaceutical Products ... xxx
Cincinnati Sanitarium ... xxvii

Daniel Boone Hotel ... li

Feick Brothers ... xlix
Foot-So-Port Shoe Co. ... xlvi

Geigy Pharmaceuticals ... xxvi

Harding Sanitarium ... liv

Keeley Institute ... liii
Kloman Instrument Company ... xl

Lakeside Laboratories ... xiii, xl, liv
Lederle Laboratories ... 208, 209, xlix
Lilly, Eli & Company ... *Front Cover*, xxxii

Mallard, Inc. ... xxxvii
Marmet Hospital ... xlii

McMillen Sanitarium ... xlviii
Medical Arts Supply Co. ... xxxviii
Myers Clinic ... li

Parke, Davis & Company ... ii, iii
Patton Adjustments, Inc. ... lviii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ... xvii, xxv
Physicians Casualty and Health Association ... xxxvi
Physicians and Dentists Business Bureau ... xli
Picker X-Ray Corp. ... viii

Schering ... v, xv, xx, xxi
Searle, G. D. & Co. ... xxxiii
Sharp & Dohme, Inc. ... ix, x, xi, xix, xxxi, xxxv, xliii
Smith, Kline & French Laboratories ... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathiesen Chemical Corp. ... xii
St. Albans Sanitorium ... lii

Viceroy Cigarettes ... xiv

Wallace Laboratories ... xxiii
Westbrook Sanatorium ... xlv
Wheeling Clinic ... liii
White Cross Hospital ... l
Winthrop Laboratories, Inc. ... xxviii
Wocher's, Max ... xxxix
Wyeth, Inc. ... vi

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

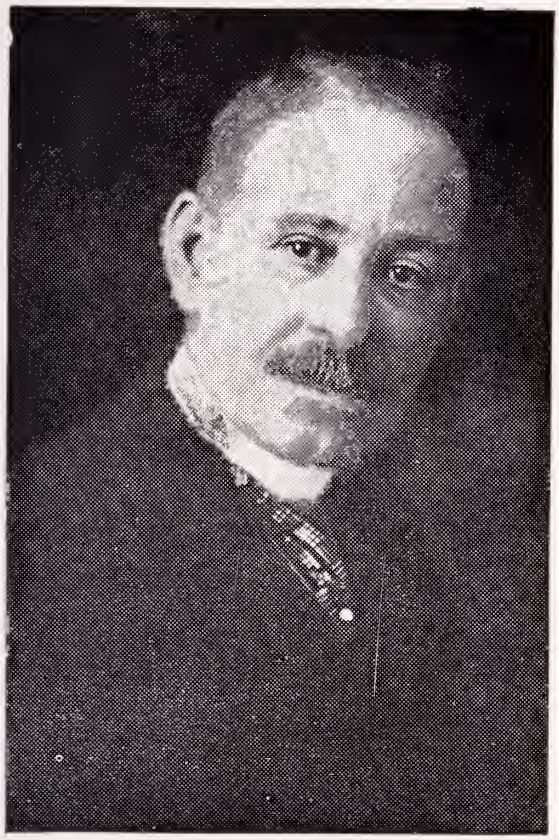
IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.



It's actually easy to save—when you buy Series E Savings Bonds through the Payroll Savings Plan. Once you've signed up at your pay office, your saving is done *for you.* The Bonds you receive pay good interest—3% a year compounded half-yearly when held to maturity. And the longer you hold them, the better your return. Even after maturity, they go on earning 10 years more. So hold on to your Bonds! Join Payroll Savings today—or buy Bonds where you bank.

Safe as America—

U.S. Savings Bonds

PUBLIC SERVICE ADVERTISING COUNCIL

DIAGNOSIS: knife wound in the heart

UNDER THE blazing blue sledge hammer of a Chicago heat wave, the cramped, makeshift operating room shimmered like an oven, reeking of ether and carbolic. Six sweat-drenched, frock-coated doctors huddled in fascination, watching deft hands reach into a human chest and expertly stitch up a fluttering wound in the redness of a pulsing heart.

Would he live? The surgeon mopped his brow and hoped. The year was 1893; the operation, fantastic.

Live? Yes, he would live for many more years, thanks to the skill and courage of Dr. Daniel Hale Williams.

Abandoned as a child, Williams, a Negro, had struggled hard for an education. Now only 37, he had already founded America's first interracial hospital, Provident. And here he had just performed the first of the pioneering operations that would mark him as one of our country's great surgeons.

Sensitive and brave, Daniel Hale Williams was blessed with an abundance of the same urge to help his fellow man that binds and strengthens Americans today.

And it is these strong, unified Americans who are our country's real wealth—the real backing behind our nation's Savings Bonds. In fact, they're the true reason why U. S. Savings Bonds are considered one of the world's finest, safest investments.

For your own security—and for America's—why not invest in Savings Bonds regularly? And hold on to them!

The U.S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

announcing . . .

Cytomel*

a new agent for treatment of

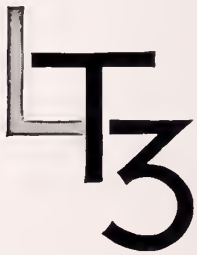
metabolic insufficiency

Because it exerts its metabolic effect directly at the cellular level, 'Cytomel' offers the first positive treatment for the many clinical problems caused by metabolic insufficiency—such as physical sluggishness, slowed-down mental capacity and decreased emotional control, and decreased function in various organs and organ systems.

'Cytomel' works swiftly—a positive effect will often be seen within several days in patients suffering from metabolic insufficiency.

'Cytomel' Tablets are available in two strengths:

5 mcg. and 25 mcg. of L-triiodothyronine, S.K.F., as the sodium salt. In bottles of 100.



*Trademark for L-triiodothyronine, S.K.F.

Smith, Kline & French Laboratories, Philadelphia

THE WEST VIRGINIA

Medical Journal

OFFICIAL ORGAN OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

Contents on Page iv — Index to Advertisers on Page liv

VOL. 52, NO. 8 AUGUST, 1956

COLLEGE OF PHYSICIANS
LIBRARY
AUG - 6 1956
OF PHILADELPHIA

that the epileptic patient

may enjoy fuller life

DILANTIN® SODIUM

(diphenylhydantoin sodium, Parke-Davis)

For patients with grand mal and psychomotor seizures,

DILANTIN — alone or in combination — continues as an anticonvulsant of choice. Effective control of seizures, with resulting greater social acceptance and increased vocational opportunities, forecasts a fuller life for such patients. DILANTIN has little or no hypnotic effect.

DILANTIN Sodium is supplied in a variety of forms — including Kapseals® of 0.03 Gm. (½ gr.) and 0.1 Gm. (1½ gr.) in bottles of 100 and 1,000.

MILONTIN® Kapseals and Suspension

(phensuximide, Parke-Davis)

For patients with petit mal epilepsy, a drug of choice in initiating treatment — with very few and mild side effects.

MILONTIN Kapseals, 0.5 Gm., bottles of 100 and 1,000; also available as MILONTIN Suspension (250 mg. per 4 cc.) in 16-ounce bottles.

For patients with mixed grand mal—petit mal epilepsy, compatibility permits use of DILANTIN with MILONTIN.

MEDICAMENTA VERA PD CO.

PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

50060

AUGUST
1956

Vol. 52 No. 8

The
WEST VIRGINIA
Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charleston

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evons, M. D.
Clorksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgontown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

WEST VIRGINIA PRESS ASSOCIATION
Member 1956

CONTENTS

Scientific Articles

PRESENT STATUS OF LUMBAR SYMPATHECTOMY—Henry Mishalaney, M. D., Bert Bradford, jr., M. D., and R. Thomas Linger, M. D. 225

IS ANESTHESIOLOGY THE PRACTICE OF MEDICINE?—Eldon B. Tucker, M. D. 231

UNDESCENDED TESTES—William B. Kiesewetter, M. D., F. A. C. S. 235

REHABILITATION: A NEW CHALLENGE—F. Ray Power, M. A., and Thomas G. Reed, M. D. 238

The President's Page

THE 1956 CONVENTION—Athey R. Lutz, M. D., President, West Virginia State Medical Association 242

Editorials

IT'S CONVENTION TIME AGAIN 243
PROGRESS REPORT—50 YEARS LATER 244
NEW LOOK FOR THE JOURNAL 246
WHITHER THE INTERNSHIP? 246
SCHOOL HEALTH CONFERENCE 246

The 89th Annual Meeting

THE CONVENTION PROGRAM 261
THE CONVENTION SPEAKERS 266
DELEGATES AND ALTERNATES 268
THE WOMAN'S AUXILIARY PROGRAM 269
SCIENTIFIC EXHIBITS 271
TECHNICAL EXHIBITS 273
ANNUAL REPORTS 278

Special Departments

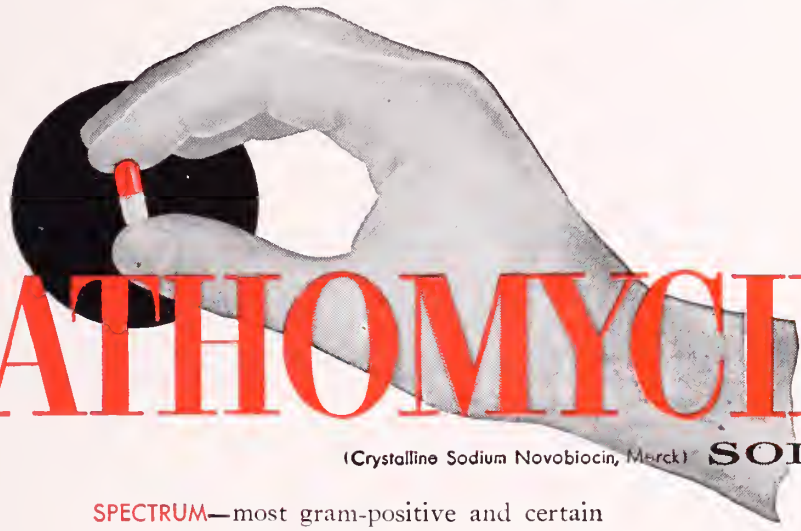
GENERAL NEWS 248
THE MONTH IN WASHINGTON xxx
OBITUARIES xxxii
COUNTY SOCIETIES xxxiii
BOOK REVIEWS xxxvi
CORRESPONDENCE xlv
DIRECTORY OF PHYSICIANS IN LIMITED PRACTICE li
INDEX TO ADVERTISERS liv

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)

RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris*, including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

Combined for d

on

resistant

new

METRETON *tablets*

METICORTEN (PREDNISONE) PLUS CHLOR-TRIMETON WITH ASCORBIC ACID

For prompt and effective relief, especially in many resistant allergic disorders, METRETO affords the benefits of two established agents with unexcelled anti-inflammatory, ant allergic and antipruritic effectiveness. *supported by essential vitamin C*—for stre support and for postulated effect on prolonging steroid action *no better corticosteroi* —original brand of prednisone...minimal electrolyte effects—METICORTEN *no better anti histamine*—unexcelled in potency and freedom from side effects—CHLOR-TRIMETO effective against hay fever, pollen asthma, perennial rhinitis, acute and chronic urticaria angioneurotic edema, drug reactions, inflammatory and allergic eye disorders, pruriti and contact dermatoses.

formula: Each tablet of METRETON provides 2.5 mg. of METICORTEN (prednisone), 2 mg. of CHLOR-TRIMETO maleate (chlorprophenpyridamine maleate), and 75 mg. ascorbic acid.

supplied: METRETON Tablets, bottles of 30 and 100.

frontal attack

allergies

new

METRETON *nasal spray*

ETICORTELONE (PREDNISOLONE) PLUS CHLOR-TRIMETON

uickly clears nasal passages • avoids rebound engorgement and
mpathomimetic side effects • safe even for cardiacs, hyperten-
ves, children, pregnant patients •

omposition: Contains 2 mg. (0.2%) METICORTELONE acetate (prednisolone acetate) and 3 mg. (0.3%) of CHLOR-TRIMETON gluconate (chlorprophenpyridamine uconate) in each cc.

ackaging: 15 cc. plastic "squeeze" bottle, box of 1.

ETRETON,* brand of corticoid-antihistamine compound; METICORTEN,* brand of prednisone; ETICORTELONE,® brand of prednisolone; CHLOR-TRIMETON,® brand of chlorprophenpyridamine eparations. *T.M.

MT-J-576

Schering

If you could visit with a user of the Picker Anatomatic Century x-ray unit you'd soon know why this remarkable "new way in x-ray" machine has come so far so fast.

He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomatic principle does all the tedious "figgerin" for you).

He'd probably show you how good a radiograph he gets every time

He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel

and there'd be no mistaking the light in his eye when it falls on the handsome big-name unit whose fine appearance adds so much to the impressiveness of his office.

P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he paid to get so much. Or he might even be among those who rent their x-ray machine (Picker has an attractive rental plan, you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (find him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

PICKER IN WEST VIRGINIA is at 714½ Lee Street, Charleston Phone 3-1178
and 6066 Peo Ridge Road, Huntington

anxiety is part of **EVERY ILLNESS**[1]

The physically sick patient faces two stresses—the sickness and the anxiety that it brings.[1] All too often, the anxiety is a threat to the patient's progress. It may intensify symptoms, give uncertainty to therapy, and impair rapport.

To combat the anxiety component of physical illness, EQUANIL promotes equanimity, relieves muscle tension, and encourages normal sleep.[2] By these specific actions, EQUANIL gives breadth to the treatment program—expands the physician's resources.

Supplied: Tablets, 400 mg., bottles of 50.
Usual Dose: 1 tablet, t.i.d.

1. Braceland, F.J.: Texas State J. Med. 51:287 (June) 1955.
2. Lemere, F.: Northwest Med. 54:1098 (Oct.) 1955.

E

Equanil*

Wyeth ®
Philadelphia 1, Pa.

Meprobamate
(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)

Licensed under U.S. Patent No. 2,724,720

*Trademark

anti-anxiety factor with muscle-relaxing action

Against the "Vaginitis Spectrum"

TRICHOMONAS
MONILIA
BACTERIA

A welcome clinical advance...
effective medication
in an appealing form

Soft and pliant as a tampon, the Milibis vaginal suppository offers proved therapeutic action* in a vehicle giving unusual clinical advantages to both patients and physician.

COVERS CERVIX AND VAGINAL WALL—The pliant Milibis suppository disintegrates readily and molds itself to the cervix as well as the columns and rugae of the vaginal vault.

SHORT DOSAGE SCHEDULE—The short course of treatment with Milibis—only 10 suppositories in most cases—together with the clean, odorless, non-staining qualities eliminates psychic barriers which often interrupt longer treatments before complete cure.

MILIBIS® Vaginal Suppositories

Supplied: boxes of 10

Winthrop LABORATORIES
New York 18, N. Y.

*97 per cent effective in a study of 564 cases; 94 per cent effective in a series of 510 cases.

Milibis (brand of glycobiarsol), trademark, reg. U. S. Pat. Off.

BETTER

results are obtained with STERANE[1]—3 to 5 times more active than hydrocortisone or cortisone.

BREATHING

capacity is greatly enhanced. "Relief of symptoms is more complete and maintained for longer periods with relatively small doses."[2]

BALANCE

of minerals and fluids usually remains undisturbed. This proves "especially advantageous in those patients with cardiac failure requiring therapy . . ."[3]

in bronchial asthma

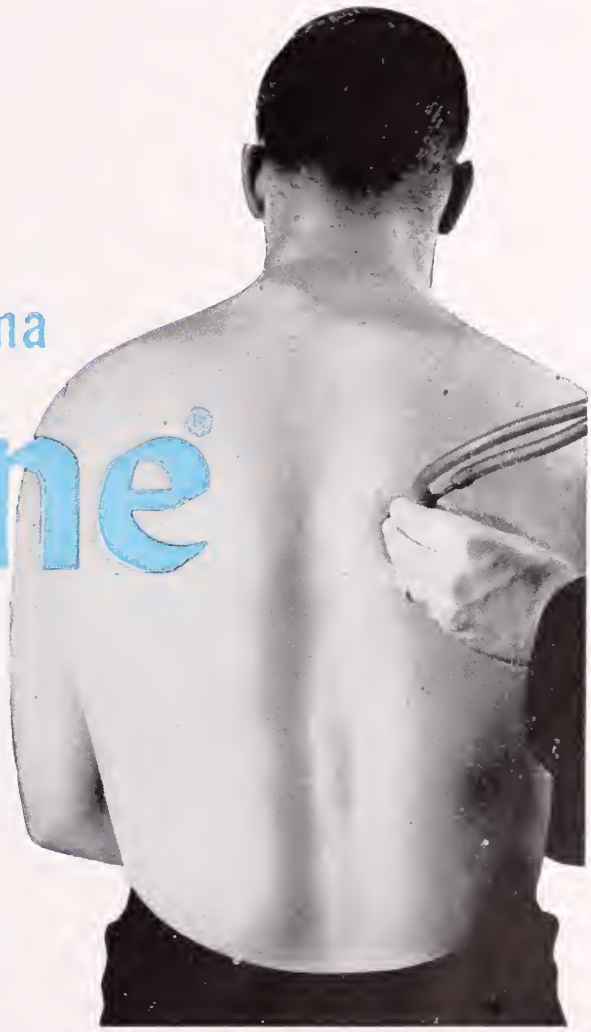
Sterane®

brand of prednisolone

Supplied: White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York



KARO® SYRUP . . . meets the need for individualized infant formulas

In meeting the nutritional needs of formula-fed infants, the methods used are dependent upon the digestive capacity and tolerance of each infant.

But, whether the formula calls for sweet, acid, evaporated, dried or protein milk—Karo syrup meets the need for a well-tolerated and easily digested source of carbohydrate. This fluid mixture of dextrins, maltose and dextrose is completely utilized without inducing flatulence, colic, fermentation or allergy.

Either light or dark Karo may be used in prescribing formulas for infants because of equivalent digestive and nutritive values. Each fluid ounce (2 tablespoonfuls) yields 120 calories.

Mothers will appreciate the ease of making formulas with Karo syrup... as well as its ready availability and economy.

1906 • 50th ANNIVERSARY • 1956
CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York 4, N. Y.

when allergic

and inflammatory dermatoses

call for strong measures...

NEW

Meti-Derm

prednisolone, free alcohol

cream

topically—approximately twice the per milligram potency of hydrocortisone

—cosmetically acceptable, water washable

and when the prophylaxis of

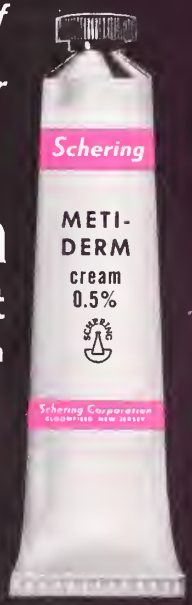
secondary infection is a factor

NEW

Meti-Derm

ointment

with neomycin



Schering

NOW, the extra assurance of

Meti-steroid strength and safety

in topical skin therapy

NEW

Meti-Derm

cream

with METICORTELONE, original brand of prednisolone

arrests itch, diminishes erythema

lessens edema, reduces scaling

speeds healing in

contact dermatitis — from plants (e.g., poison ivy, oak), drugs, soaps, cosmetics, fabrics.

atopic dermatitis — allergic eczema, food eczema, infantile eczema, disseminated neurodermatitis, pruritus with lichenification.

nonspecific pruritus of anus, vulva, scrotum.

Formula: Each gram of METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a water-washable base.

METI-DERM Ointment with Neomycin contains 5 mg. (0.5%) prednisolone, and 5 mg. (0.5%) neomycin sulfate equivalent to 3.5 mg. neomycin base.

Packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.
METI-DERM Ointment with Neomycin, 10 Gm. tube.

METI-DERM,* brand of prednisolone topical.
METICORTELONE,® brand of prednisolone.
*T.M.

Schering

MD-J-5-356

DOCTORS EVERYWHERE NOW KNOW WHY

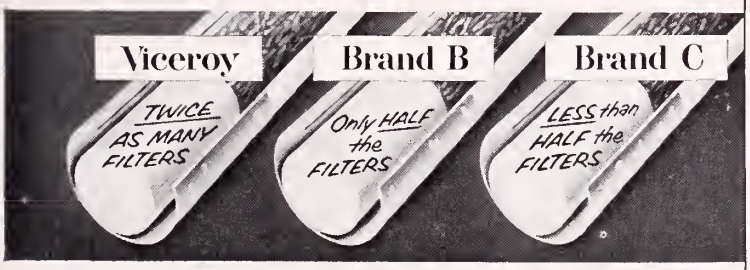
Viceroys Are Smoother

Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as many filters as the other two largest-selling filter brands. That is why Viceroys are smoother by far—never, never rough. That is why so many doctors now smoke and recommend Viceroys.

Yes, smoother taste because there are

TWICE AS MANY FILTERS IN EVERY VICEROY TIP

as the other two largest-selling filter brands!

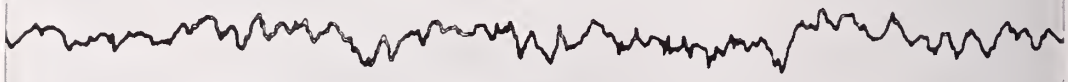


Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!

WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram

No drug.



After Raudixin. E. E. G. not altered.

After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

RAUDIXIN

Squibb Whole Root Rauwolfia Serpentina

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

SQUIBB

Squibb Quality—the Priceless Ingredient

'RAUDIXIN'® IS A SQUIBB TRADEMARK

because a diuretic
should be able to control
any degree of failure

PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

Certain diuretics are apt to mask the gradual onset of severe failure because they are effective only in the milder ambulatory cardiacs. The recurrent accumulation of fluid permitted by intermittent or arbitrarily limited dosage must eventually progress to more severe decompensation.

Because they can control *any* grade of failure, the organomercurials improve prognosis and prolong life.

TABLET
NEOHYDRIN®
BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

LAKESIDE

01356

NOW AVAILABLE..

to overcome specific infections that do not respond to any other antibiotic[1,2,3]....

New.

TODAY'S resistant pathogens are the tough survivors of a dozen widely-used antibiotics. Certain organisms, notably *Staphylococcus aureus*[4] and susceptible strains of *Proteus vulgaris*, produce infections which have been resistant to *all* clinically useful antibiotics.

To augment your armamentarium against these resistant infections, 'CATHOMYCIN' (Novobiocin, Merck), derived from an organism recently discovered and isolated in the Merck Sharp & Dohme Research Laboratories,[1] is now available.

SPECTRUM—'CATHOMYCIN'[1,2,3,5,6] has also been shown to be active against other organisms including—*D. pneumoniae*, *N. intracellularis*, *S. pyogenes*, *S. viridans* and *H. pertussis*, but clinical evidence must be further evaluated before 'CATHOMYCIN' can be recommended for these pathogens.

ACTION—'CATHOMYCIN' in optimum concentration is bactericidal. Cross-resistance with other antibiotics has not been observed.[7]

TOLERANCE—'CATHOMYCIN' is generally well tolerated by most patients.[5,6,8,9,10,11]

'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

ABSORPTION—'CATHOMYCIN' is readily absorbed,[5,6,9] and oral dosage produces significant blood and tissue levels which persist for at least 12 hours.[7]

INDICATIONS: Clinically 'CATHOMYCIN' has proved effective for cellulitis, carbuncles, skin abscesses, wounds, felons, paronychiae, varicose ulcer, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections caused by susceptible strains of *Proteus vulgaris*.[6,7,8,9,10,11,12,13,14] Also, it is of particular value as an adjunct in surgery since staphylococcic infections seem prone to complicate postoperative courses.

DOSAGE: Four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED: 'CATHOMYCIN' Sodium (Crystalline Sodium Novobiocin, Merck) in capsules of 250 mg., bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

REFERENCES:

1. Wallick, H., Harris, D.A., Reagan, M.A., Ruger, M., and Woodruff, H.B., *Antibiotics Annual*, 1955-1956, New York, Medical Encyclopedia, Inc., 1956, pg. 909.
2. Frost, B.M., Valiant, M.E., McClelland, L., Solotorovsky, M., and Cuckler, A.C., *Antibiotics Annual*, 1955-1956, pg. 918.
3. Verwey, W.F., Miller, A.K., and West, M.K., *Antibiotics Annual*, 1955-1956, pg. 924.
4. Kempe, C.H., *Calif. Med.*, 84 242, (April) 1956.
5. Simon, H.J., McCune, R.M., Dineen, P.A.P., Rogers, D.E., *Antib. Med.*, 2 205, (April) 1956.
6. Lubash, G., Van Der Meulen, J., Berntsen, C., Jr., Tompsett, R., *Antib. Med.*, 2 233, (April) 1956.
7. Lin, K.-E., Coriell, L.L., *Antib. Med.*, 2 268, (April) 1956.
8. Limson, B.M., Romansky, N.J., *Antib. Med.*, 2 277, (April) 1956.
9. Morton, R.F., Prigot, A., Maynard, A. de L., *Antib. Med.*, 2:282, (April) 1956.
10. Nichols, R.L., Finland, M., *Antib. Med.*, 2:241, (April) 1956.
11. Mullins, J.F., Wilson, C.L., *Antib. Med.*, 2 201, (April) 1956.
12. David, N.A., Burgner, P.R., *Antib. Med.*, 2 219, (April) 1956.
13. Marton, W.J., Heilman, F.R., Nichols, D.R., Wellman, W.E., and Geraci, J.E., *Antib. Med.*, 2:258, (April) 1956.
14. Milberg, M.B., Schwartz, R.D., Silverstein, J.N., *Antib. Med.*, 2:286, (April) 1956.

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA

HARD-TO-KILL TRICHOMONADS

EXPLODE

WITHIN 15 SECONDS' CONTACT WITH VAGISEC LIQUID

WITH THE Davis technique,† using VAGISEC® liquid and jelly, flare-ups of vaginal trichomoniasis rarely occur. VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.[1] Better than 90 per cent apparent cures follow use of this new trichomonacide,[2] developed as "Carlendacide" by Dr. Carl Henry Davis, noted gynecologist and author, and C. G. Grand, research physiologist.[3]

No trichomonad escapes—The overwhelming action of VAGISEC liquid dooms the trichomonad. One chelating agent and two surface-acting agents combine in attack to weaken the cell membrane, to remove waxes and lipid materials from the membrane surface, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

No other agent or combination of agents kills the trichomonad in this specific fashion or with the *speed* of VAGISEC liquid.[3] When the patient uses VAGISEC jelly as well—the recommended routine—these good effects continue indefinitely.[4]

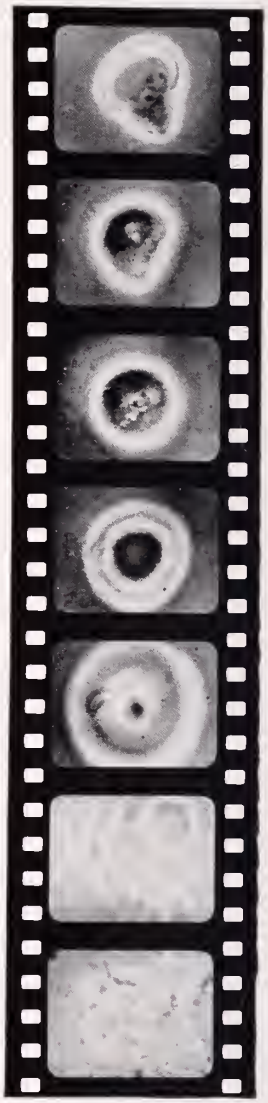
Reaches hidden trichomonads—Unlike many agents, VAGISEC liquid thoroughly penetrates and dissolves the cellular debris and mucoid material lining the vaginal surface.[3] It reaches hidden trichomonads — often the cause of treatment failure — as well as parasites swimming freely in the canal.

The Davis technique—Office therapy with VAGISEC liquid is combined with home treatment. Both liquid and jelly are prescribed.

OFFICE TREATMENT—*Wipe vaginal walls dry with cotton balls, then wash thoroughly for about three minutes with a 1:100 dilution of* VAGISEC *liquid. Remove excess fluid with cotton balls. Dr. Davis recommends three treatments the first week, two the second and one the third.*

HOME TREATMENT—*Patient douches with* VAGISEC *liquid every night or morning and then inserts* VAGISEC *jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching is contraindicated in pregnancy.*

Husband re-infects wife—Since "trichomonads may be passed from the infected male to the uninfected partner during coitus,"[5] prevent re-infection by recommending the use of prophylactics. Specify RAMSES,® the finest possible rubber prophylactic, transparent, very thin yet strong; or XXXX (FOUREX)® skins, of natural animal membrane — pre-moistened. Your prescription of one of these brands insures the protection afforded by Schmid quality prophylactics and assures full acceptance of your regimen. At all pharmacies.



Top to bottom:
2 sec. CONTACTS
4 sec. COMPLEXES
6 sec. DISSOLVES
8 sec. DENATURES
10 sec. SWELLS
15 sec. EXPLODES
16 sec. SCATTERS

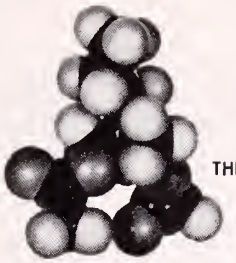
References: 1. Davis, C. H.: J.A.M.A. *157*:126 (Jan. 8) 1955. 2. Davis, C. H.: West. J. Surg. *63*:53 (Feb.) 1955. 3. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. *68*:559 (Aug.) 1954. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, Md., W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Draper, J. W.: Internat. Rec. Med. *168*:563 (Sept.) 1955.

Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

VAGISEC, RAMSES and XXXX (FOUREX) are registered trade-marks of Julius Schmid, Inc.

†Pat. App. for

JULIUS SCHMID, INC.
gynecological division
423 West 55th St., New York 19, N. Y.



THE MILTOWN MOLECULE

A tranquilizer well suited for prolonged therapy

NO ORGANIC CONTRAINDICATIONS

reported to date

- well tolerated, non-addictive, essentially non-toxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

Miltown®

THE ORIGINAL MEPROBAMATE

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U. S. Patent 2,724,720

SUPPLIED: 400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.

Literature and Samples Available on Request

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

2/2228M

Relax the best way
... pause for Coke

continuous quality is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

new Peach-flavored, peach-colored, newest liquid form of the established broad-spectrum antibiotic . . . TERRAMYCIN®† 125 mg. per 5 cc. teaspoonful; specially homogenized for rapid absorption; bottles of 2 fl. oz. and 1 pint, packaged ready to use.

delightful peach taste in broad-spectrum therapy

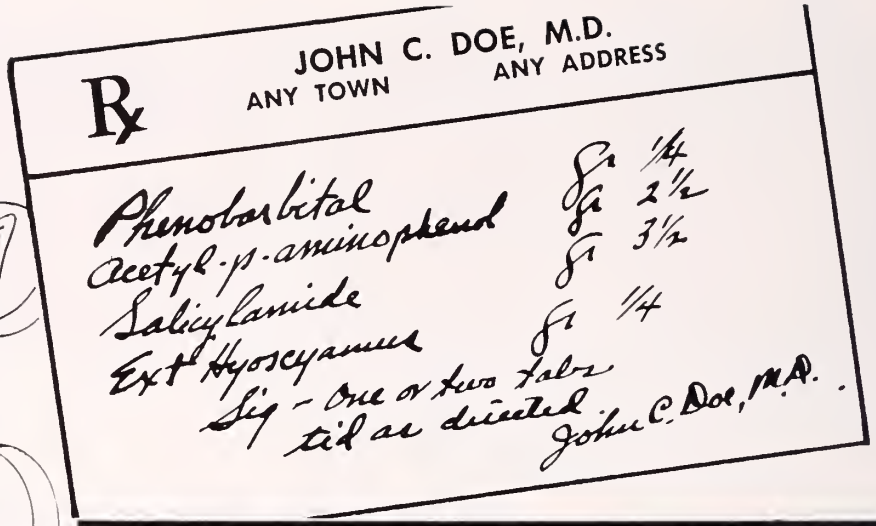
TERRABON®

BRAND OF OXYTETRACYCLINE

HOMOGENIZED MIXTURE

PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N. Y. Pfizer

†Brand of oxytetracycline



ANADOL

Anadol offers the advantages of acetyl-p-aminophenol . . . prompt, sustained analgesia against minor aches and pains. Acetyl-p-aminophenol is the active therapeutic metabolite of phenacetin, which—needing no conversion in the body—begins to exert its analgesic effect almost immediately. Unlike its parent drug, there is no evidence of methemoglobin formation when used clinically.

Anadol offers the advantages of salicylamide, an efficient salicylate derivative—effective analgesic and antipyretic action, virtually free of the side actions often induced by aspirin. In addition, by the admixture of these active analgesics . . . salicylamide and acetyl-p-aminophenol . . . a smoother and more efficient analgesic action is obtained[1] than would be provided by the use of a single analgesic component.

Anadol offers the advantage of phenobarbital . . . mild sedation. Moreover the analgesic effect of the combination is rendered more effective by the combination of a barbiturate with the analgesic drugs.[2]

Anadol offers the advantages of the alkaloids of hyoscyamus, which tend to lessen the sweating which may occur spontaneously in febrile conditions. In addition, the central effect of the phenobarbital is augmented by inclusion of the hyoscyamus alkaloids.

BIBLIOGRAPHY

1. Goodman, L. and Gilman, A.: The Pharmacological Basis of Therapeutics, 1941, p. 244. 2. Ibid, p. 244.

ALSO AVAILABLE WITH ¼ AND ½ GRAIN CODEINE

100 TABLETS

1000 TABLETS

"WORTHWHILE PRESCRIPTION SPECIALTIES ETHICALLY PROMOTED"

PHYSICIANS PRODUCTS CO. INCORPORATED

PETERSBURG, VIRGINIA

CLINICAL SAMPLES AND LITERATURE ON REQUEST

MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC.

In name as well as in fact

On August 1, 1956, Sharp & Dohme, the pharmaceutical and biological division of Merck & Co., Inc., adopts the name "Merck Sharp & Dohme" and a new trademark to reflect the teamwork which has already produced significant new medical products. • Developing modern medical products and making them widely available requires teamwork of the highest order in research, production, and distribution. The desire to achieve this unity of effort prompted the merger of Merck & Co., Inc., and Sharp & Dohme, Inc., three years ago. • Merck Sharp & Dohme—combining in name as well as in fact the traditions and experience of two time-honored leaders in the medicinal field—offers bright promise for further advances in helping physicians conquer disease.

MERCK SHARP & DOHME
Pharmaceuticals • Biologicals
Division of Merck & Co., INC.
Philadelphia 1, Pa.

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

brand

POLYMYXIN B—BACITRACIN OINTMENT

to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.
For ophthalmic use: in ⅛ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

The Importance of Rescinnamine in

Rauwiloid®

The Original Alseroxylon Fraction of India-Grown Rauwolfia Serpentina, Benth.

The isolation of rescinnamine,[1] another potent alkaloid in Rauwolfia serpentina, has substantiated two important points:

A—It discredits the erroneous opinion that reserpine is *the* sole active principle of Rauwolfia;[2]

B—It helps to define the advantages of Rauwiloid, the alseroxylon fraction of Rauwolfia serpentina, which presents desirable alkaloids[3] of the Rauwolfia plant (among them reserpine and rescinnamine) but is freed from undesirable alkaloids and the dross of the crude root.

Pharmacologic and clinical evaluation has shown rescinnamine to be similar to reserpine in antihypertensive activity, but to be considerably less sedative and much less apt to lead to lethargy and mental depression.[4, 5]

The interaction of reserpine, rescinnamine, and other contained alkaloids may well account for the balanced and desirable clinical behavior of Rauwiloid.

The dosage of Rauwiloid is simple and definite: Merely two 2 mg. tablets at bedtime. For maintenance, one tablet usually suffices.

1. Klohs, M.W.; Draper, M.D., and Keller, F.: Alkaloids of Rauwolfia Serpentina Benth. III. Rescinnamine, a New Hypotensive and Sedative Principle, J. Am. Chem. Soc. 76:2843 (1954).
2. Cronheim, G.; Brown, W.; Cawthorne, J.; Toekes, M.I., and Ungari, J.: Pharmacological Studies with Rescinnamine, a New Alkaloid Isolated from Rauwolfia Serpentina, Proc. Soc. Exper. Biol. & Med. 86:120 (May) 1954.
3. Gourzis, J.T.; Sonnenschein, P.R., and Barden, R.: Alterations in Cardiovascular Responses of the Dog Following Rauwiloid, an Alkaloidal Extract of Rauwolfia Serpentina, Proc. Soc. Exper. Biol. & Med. 85:463 (Mar.) 1954.
4. Hershberger, R.; Hughes, W., and Dennis, E.: Clinical Results in the Treatment of Hypertension with Rescinnamine, Clin. Res. Proc. 3:71 (Feb.) 1955.
5. Smirk, F.H., and McQueen, E.G.: Comparison of Rescinnamine and Reserpine as Hypotensive Agents, Lancet 2:115 (July 16) 1955.

Riker

LOS ANGELES

new dimensions in the treatment of sev

broadens benefits

- rapid control of allergic sneezing, lacrimation, nasal congestion; relief of pruritus, edema and erythema
- up to 5 times more effective than oral hydrocortisone, milligram for milligram

narrows side effects

- minimizes incidence of fluid and electrolyte disturbance
- dietary regulation usually unnecessary

lengthens established gains

- permits a smoother, undisturbed regimen
- extends and maintains benefits to more patients

ay fever and other difficult allergies...

METICORTEN*

(PREDNISONE)

for outstanding hormonal control
with minimal electrolyte disturbances

in hay fever and other respiratory allergies,
contact dermatitis and allergic eczemas,
drug and other allergic reactions,
allergic and inflammatory eye disorders

METICORTEN,* brand of prednisone. *T.M.
1, 2.5 and 5 mg. tablets. MC-J-3086

Schering

prevents postpartum hemorrhage
speeds uterine involution

'Ergotrate Maleate'

(ERGONOVINE MALEATE, LILLY)

. . . produces rapid and sustained contraction of the postpartum uterus

'Ergotrate Maleate' almost completely eliminates the incidence of postpartum hemorrhage due to uterine atony. Administered during the puerperium, 'Ergotrate Maleate' increases the rate, extent, and regularity of uterine involution; decreases the amount and sanguineous character of the lochia; and decreases puerperal morbidity due to uterine infection.

Supplied:

Ampoules of 0.2 mg. in 1 cc.
Tablets of 0.2 mg.

DOSAGE: Generally, 0.2 to 0.4 mg. I.V. or I.M. immediately following delivery of placenta. Thereafter, 0.2 to 0.4 mg. three or four times daily for two weeks.

80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

659004

by the State Medical Association and the State Pharmaceutical Association.

The third problem discussed was that of duplication of products and excessive sampling. It was brought out in the discussion that there are many instances in which identical products are being offered by several manufacturers under different trade news. Numerous preparations are produced with slight variations that necessitate carrying large stocks of drugs in the pharmacy, thereby adding to the cost of prescriptions. Several ways of bettering these conditions were discussed.

In summary, the committee made the following recommendations:

1. Joint regional medical-pharmaceutical meetings should be held throughout the state during the coming year.

2. News releases on "legend drugs" should be prepared and distributed in an effort to educate physicians, pharmacists and the public generally in the matter of prescriptions and refills.

3. The fact finding and legislative committees of both Associations should consider having introduced in the legislature bills concerning control of barbiturates and oral narcotics.

4. There should be some agreement concerning excessive sampling by representatives of pharmaceutical manufacturers.

5. A study should be made with reference to possible methods to overcome duplication, such as a possible West Virginia Formulary, and the use of the initials A.R.B., indicating "Any Reliable Brand."

Respectfully submitted,

J. L. Patterson, M. D.,
Chairman.

"Head" or "Heart" Practice?

A simple, uneducated patient once told the writer that everybody he knew liked Dr. X better than Dr. Y because, although Dr. Y seemed to have more knowledge and more skill, Dr. X treated people "from his heart," while Dr. Y treated people "from his head." This was his way of saying that people like a doctor who is kind, friendly, warm, and sympathetic—who gives his patients, in addition to medicines and instructions, something of himself.

Much is written about psychosomatic medicine, but a very old, very wise, and very successful physician once told the writer that there is no other kind of medicine. The mature and experienced doctor knows that his patient wants more from him than scientifically sound advice. The good doctor senses the patient's need to have his emotional problems understood and does not shrink from giving him the reassurance and emotional support he needs.

Psychiatrists tell us that the emotional dependence of the patient on his doctor is like a little child's dependence on his parents. No child wants his parents to be formal, distant, cold, scientific, and unfeeling. The patient greatly over-estimates his doctor's knowledge and therapeutic ability. He feels that the doctor has the power to restore him to health or to let him die—that his fate literally lies in his doctor's hands. In addition to needing complete confidence in his doctor's knowledge and skill, the patient needs to feel that his doctor cares whether he gets well or not. He wants his doctor to care about him as a person; it is not enough for him to feel that his doctor cares about him as a case or a statistic.

Much has been said and written about the poor public relations of the medical profession and what can be done to improve them, but we believe there is one simple answer to the problem. If doctors can learn to like their patients as people and accept honestly their responsibility to give them the emotional support they need, there can be no public relations problem. If we learn to treat our patients "from our heart" as well as "from our heads," we need never fear bad public relations or socialized medicine.—Journal, Medical Association of Georgia.

Increase in Interest in PG Courses

The Council on Medical Education and Hospitals of the American Medical Association has collected data on the number of postgraduate courses offered and total physician attendance for the past 16 years.

Over two-thirds of the medical educators and other authorities interviewed in the course of the American Medical Association survey expressed the opinion that interest in postgraduate medical education was increasing among physicians, and only a small number felt it to be decreasing.

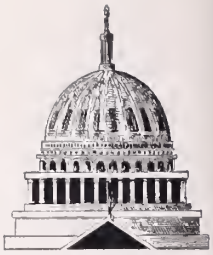
It was concluded in that report that there is a gradually increasing demand for postgraduate courses among physicians who are coming to look upon them as a necessary part of their continuing education.—Geo. H. Yeager, M. D., in Maryland State Medical Journal.

Severe Test for Private Enterprise

The tenets of rugged individualism and thrift, as well as the national economy, were dealt a staggering blow by extravagant exhortations and revolutionary legislation initiated nearly a quarter of a century ago. Since then the proponents of governmental paternalism have so multiplied and become so indoctrinated by experience that the pattern of private enterprise is being severely tested. What a difference from the philosophy of a nation born into independence, reared on hard work and thrift, where personal debt was a disgrace and any question of governmental solvency was viewed with misgivings!

The issue of socialized medicine is ever present. With the members of the profession recorded against such an issue, their house must continuously be well ordered and they must be united, assertive and persuasive since the public will continue to scrutinize their activities from the point of view of future Government support and, *ad eundem*, the regulation, if not the control, of medicine.—Irving J. Walker, M. D., in New England Journal of Medicine.

The Month in Washington



• From the Washington office of the American Medical Association.

If medical research doesn't move ahead in the current fiscal year (ending June 30, 1957), it won't be the fault of Congress. The seven research organizations that make up the National Institutes of Health have far more money than they have ever had, and probably much more than their directors even dared hope for last winter at the start of hearings on their budgets. All of the research institutes received a substantial increase over last year, and the funds of five of them were almost doubled.

The Institutes have a total of $170.4 million to spend before next July 1. This is about 80 per cent more than they had last year. In discussing the appropriations bill on the Senate floor, Senator Lister Hill (D., Ala.) said the bulk of the money will go for grants to non-federal institutions—hospitals, medical schools, clinics and state and local organizations engaged in research.

A breakdown by disease categories shows the following picture:

For cancer research, $48.4 million, in contrast to $24.8 million for the previous year. This year's total is $16 million more than the administration asked when budget requests were sent to Congress in January.

For mental health work, $35.1 million, in contrast to last year's $18 million. This is $13.4 million more than had been requested originally.

For heart disease research, $33.3 million, compared with $18.7 million last year and $22.1 million originally requested.

For work on arthritis and metabolic diseases, $15.8 million, or $5.1 million more than last year and $2.5 million more than Congress was asked to provide.

For research in neurology and blindness, $18.6 million, compared with $9.8 million last year and $12.1 million originally requested.

For work on allergies and infectious diseases, $13.2 million, compared with $7.5 million last year and $9.7 requested.

For dental research, $6. million. While this is small compared with money voted for other U. S. research institutes, it is almost triple the $2.1 million spent last year. The huge increase is the result of a sustained campaign by the American Dental Association.

Senator Hill and Representative John E. Fogarty (D., R.I.) led the fight in Congress for the record-breaking appropriations. Under the latter's chairmanship, a House appropriations subcommittee boosted the total for the seven institutes to about $124 million, a figure that was accepted both by the full appropriations committee and the House.

In addition to heading the Senate appropriations subcommittee that handled this funds bill, Senator Hill also is chairman of the labor and welfare committee and extremely active in health legislation. His subcommittee pulled up the totals to the $170 million. After the Senate-House conference committee disagreed on the spending, Representative Fogarty carried the fight to the floor, where he persuaded the House to accept all of the higher Senate figures.

Other federal health programs, mainly concerned with disease control and hospital construction, also fared well with the Congress. The Hill-Burton program, for construction grants to hospitals, has $125 million for the current year, or $14 million more than last year. For vocational rehabilitation grants, the figure is $41.5 million, a $2.7 million increase; for general public health assistance to states, it is $18.16 million, a $600,000 increase; for Indian health work, it is $38 million, a $3.3 million increase.

Miscellaneous

With Salk vaccine being released in ever-expanding volume, the Public Health Service is urging states and communities to increase the priority age to 20 and to use up supplies as fast as received.

The Civil Aeronautics Administration, believing the time has come to review procedures in pilot medical examinations, has hired a private organization to conduct a thorough investigation and make recommendations. Two questions: Should lower standards be allowed for older, experienced pilots? Should crew members and ground crewmen, as well as pilots, be examined periodically?

Less than three months after his third appointment to a four-year term as Surgeon General of U. S. Public Health Service, Dr. Leonard Scheele resigned to take a post in the pharmaceutical industry so he could "provide more properly" for his family.

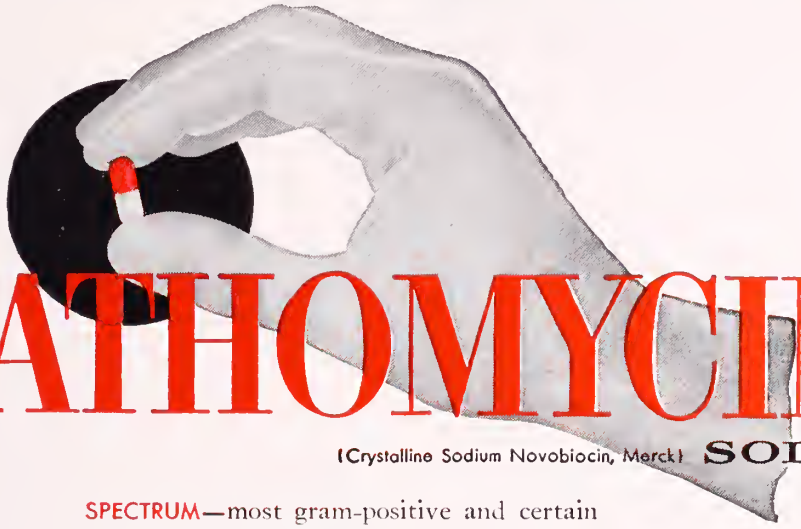
Although no new legislation was enacted in the civil defense field, witnesses at a long series of hearings were pretty much in agreement that the job can't be done properly unless more authority is voted to the Federal Civil Defense Organization.

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)

RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS — cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris;* including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

the Emblems of RELIABLE PROTECTION

We cordially invite your inquiry for application for membership which affords protection against loss of income from accident and sickness as well as benefits for hospital expenses for you and all your dependents.

ALL PREMIUMS COME FROM

PHYSICIANS SURGEONS DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

Since 1902

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

Obituaries

ERNEST E. McCLELLAN, M. D.

Dr. Ernest E. McClellan, 48, of Huntington, died at his home in that city, July 4, 1956, following a heart attack.

Doctor McClellan was born at Midkiff, West Virginia, son of Mrs. William T. McClellan and the late Doctor McClellan. He was educated in the Logan county schools and graduated from West Virginia University in 1930. He received his M. D. degree from the Medical College of Virginia in 1933 and interned at the C. & O. Hospital in Huntington, 1933-34. He served as a resident at the Williamson Memorial Hospital, 1935-40.

He moved to Stollings in 1944 and relocated at Logan in 1949, were he engaged in general practice until 1951, when he moved to Huntington. At the time of his death, he was serving as a member of the staff of the Memorial Hospital in that city.

He was a member of the Cabell County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his widow, he is survived by his mother, a daughter, Joanne, and a son, William T. II, both at home, and a sister, Mrs. Anthony Baisden of Logan.

Stress and Aging of the Heart

Myocardial aging is slow in those who develop intercurrent illness, such as myocardial infarction, if a sound program of digitalization and sodium restriction or depletion is adhered to. We have seen patients with excellent capacity for physical effect ten, and in two cases twenty, years after their initial bouts of acute pulmonary edema. This can happen only when the physician and the patient refuse to accept the idea that aging of the heart (arteriosclerotic heart disease) is a relentless progressive disorder which of itself is fatal.

As with cerebral arteriosclerosis, the aging changes in the heart can be imitated by vitamin deficiency and endocrine imbalance. Until all these possible causes or potentiators of dysfunction have been treated or excluded, it is improper to blame aging.

Just as a mind which might continue to function adequately in a calm house with old friends and affectionate relatives is apt to do poorly in a hospital, a nursing home, or a psychiatric ward, so a heart which would give no trouble on a good diet and in tranquil surroundings may rapidly fail amid social or family stress, with diets high in sodium and low in water-soluble vitamins.

Aging of the heart or mind does less damage and advances very slowly in persons living under optimal conditions. The manifestations seen under other situations can be corrected and further symptoms prevented when the patient receives and accepts sound and optimistic advice.—Clinical Medicine.

County Societies

CABELL

A special meeting of the Cabell County Medical Society was held in the Georgian Terrace room of the Hotel Frederick on Thursday, June 14, 1956, for the purpose of discussing Blue Cross-Blue Shield problems now being considered by the West Virginia State Medical Association, the West Virginia Hospital Association and the Blue Cross-Blue Shield Asociation of West Virginia.

The president, Dr. Thomas G. Folsom, introduced Mr. J. H. Mathewson, executive vice president of Blue Cross Hospital Service, Inc., and Medical Care, Inc., who discussed the problems of Blue Cross-Blue Shield plans in this state.

Dr. James A. Heckman presented a report of the special committee on Medical Care, Inc., and then offered the following resolution:

WHEREAS, The Blue Cross-Blue Shield program in the State of West Virginia is suffering materially in loss of business and increased costs directly through the successful competition of large private insurance companies, especially in writing contracts nationally for large corporations; and,

WHEREAS, The increased efficiency accompanied by reducing overhead through less duplication and reducing housekeeping costs in general would result in a financial gain to the doctor and the public alike; and,

WHEREAS, The State through its Insurance Commissioner recognizes that a change is needed in order that subscriber benefits may be made greater, and in fact, the State Medical Association, through its representatives, have agreed with the Insurance Commissioner that specific recommendations will be made by the medical profession toward improving Blue Shield services in this State within the current year; and,

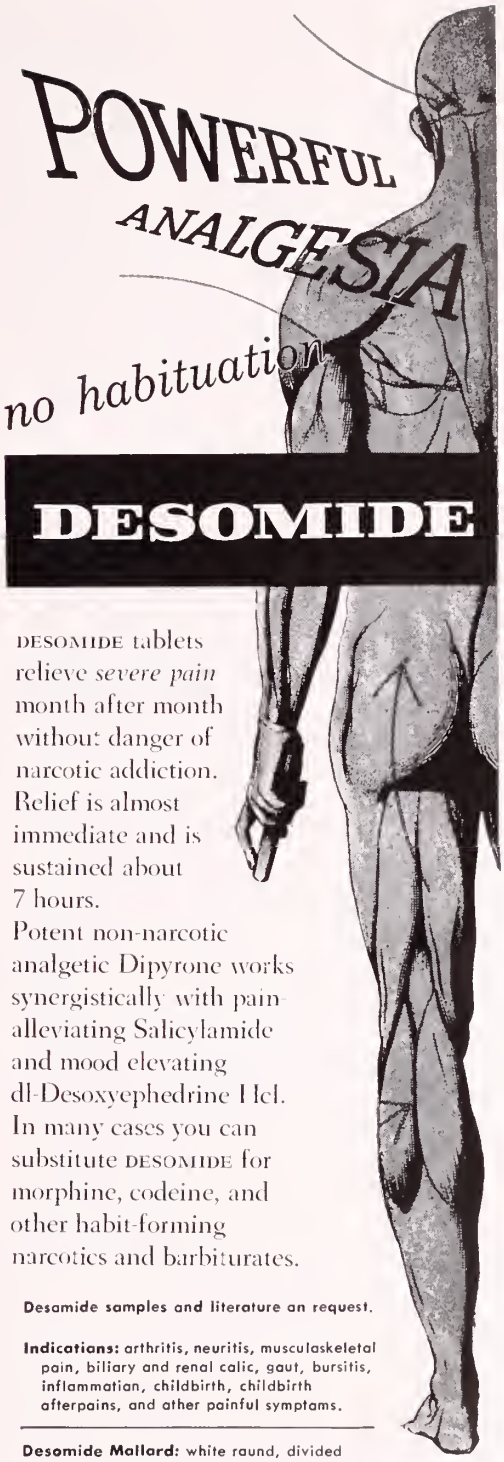
WHEREAS, we have every reason to believe that the office of Insurance Commissioner will ask the Legislature for far-reaching power for his office to deal with this matter if the medical profession does not take action this year toward improving the Blue Cross-Blue Shield program in the state:

THEREFORE, BE IT RESOLVED, That the Cabell County Medical Society instructs its delegates and Councillor to make every effort to see that a uniform Blue Shield plan, including fee schedule and premiums in the State of West Virginia, be adopted provided such fee schedule and premiums embody the best that now exists in each of the individual plans in the State of West Virginia; but in no instance should this be construed in such a manner that there would be any financial loss of the benefits which the medical profession has worked so hard to obtain; and,

BE IT FURTHER RESOLVED, That the administrative function of the State Blue Cross-Blue Shield plans be consolidated into three or fewer units in the State for reasons of economy; and,

BE IT FURTHER RESOLVED, That no less than two schedules be provided with ceilings on contracts for incomes (A) up to $3000 single and $4000 family; and (B) up to $4000 single and $6000 family; and,

BE IT FURTHER RESOLVED, That no dual and parallel in-bed medical and surgical benefits now in existence be reduced in any manner, and furthermore that every effort be made to increase this type of service; and,



See Our

TECHNICAL EXHIBIT

At The

89th Annual Meeting

Of The

West Virginia State Medical Association

At The

GREENBRIER

White Sulphur Springs

August 23-25, 1956

"Be Sure to Visit Us At Booth No. 24 —

We Will Have Something of Interest for You"

•

"Our 28th Year"

•

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

BE IT FURTHER RESOLVED, That all medical services now being paid for under Blue Cross be discontinued and that they be included in the Blue Shield program where they rightfully belong; these to include anesthesiology, radiology, pathology, electrocardiography, electro-encephalography and an interpretation of various laboratory procedures, such as basal metabolism, and any other medical service; and,

BE IT FURTHER RESOLVED, That the Blue Shield program in West Virginia give serious consideration to the following:

(A) The coverage of participants with a deductible type policy for catastrophic or long term illnesses, and

(B) The consideration for coverage of the national services or of the employees of any governmental agencies.

John E. Stone, M. D.,
Chairman
John F. Morris, M. D.
Edward J. Evans, M. D.
(James A. Heckman, M. D.,
Ex Officio).

The resolution was amended by the deletion from the second to the last paragraph of the phrase, "and an interpretation of various laboratory procedures, such as basal metabolism," and then adopted unanimously.

The regular monthly dinner meeting of the Cabell County Medical Society, co-sponsored by Pfizer Laboratories, was held in the ballroom of the Guyan Golf and Country Club, in Huntington, June 21, 1956.

Dr. Hugh Morgan of Nashville, Tennessee, professor of medicine at Vanderbilt University School of Medicine was the guest speaker. His subject was "Some Medical Observations."

Pfizer Laboratories was represented at the dinner by Messrs. Edgar Gersner, Fred Basman and Charles Dillon.

Mr. Dillon expressed thanks for the courtesies extended to the Pfizer Laboratories during the past year. He announced that during the coming year, Pfizer will sponsor a national golf tournament in which physicians will compete with professional golfers.

Dr. Roy A. Edwards, Jr., of Huntington, was elected a member, and Dr. Michael A. Stump of Ceredo was accepted as a member by transfer from the Barbour-Randolph-Tucker Medical Society.

The president, Dr. Thomas G. Folsom, presided at the meeting, and the guest speaker was presented by Dr. George Lyon.—Ronald E. Crissey, M. D., Secretary.

Mistaken Identity

The farmer, his business in town concluded, was driving homeward when he heard the fire siren and dutifully guided his horse and wagon over to the curb. After the engine whizzed by he clucked up his horse and started out again.

Then—it happened!—the ladder truck piled him into a heap.

"Didn't you hear the siren?" asked the cop as the farmer was scrambling from the wreckage.

"Yes, I let 'em go by and then along came that danged truck load of drunken painters."—Anon.

One of the Five Patient Units

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

Harrison S. Evans, M. D., Medical Director
George T. Harding, M. D., President of Board
L. Harold Caviness, M. D., Clinical Director
Charles W. Harding, M. D.

TELEPHONE: Columbus TUxedo 5-5381

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Charleston:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING, AUDITING, TAX RETURNS

(MF-49 "Universal" Short Wave Diathermy Unit)

The MF-49 is an all purpose unit—

adaptable to treatments with contour applicator, induction cable, air-spaced electrodes, cuff technic and office electrosurgery.

The MF-49 is economical—

reasonably priced, no "extras," economical in operation.

The MF-49 is powerful—

special type of frequency control permits full power tube output for heating large areas.

The MF-49 is accepted—

by A.M.A Council on Physical Medicine and Rehabilitation; and approved by F.C.C. and the Underwriters Laboratories.

Let us send you literature, including prices, without obligation.

Kloman Instrument Co., Inc.

1012 Quarrier St.

Charleston 1, W. Va.

Book Reviews

A MODERN PILGRIM'S PROGRESS FOR DIABETICS—By Garfield G. Duncan, M. D., Clinical Professor of Medicine, Jefferson Medical College, Philadelphia. Pp. 222. Philadelphia and London: W. B. Saunders Company. 1956. Price $2.50.

This pocket sized book is written by an expert in diabetes who makes his subject interesting by dressing it up in story form. Peggy was a social service worker in a Philadelphia hospital. She was afflicted with diabetes and learned about her own disease by working with doctors and their patients. She asked the doctors questions about everything concerning the disease, and their answers to her, couched in a layman's understandable terms, form the real heart of the book.

The story married Peggy to a resident and followed her through her first pregnancy and labor. The final chapter tells what happened to the various patients after five years' time.

The appendix of 67 pages summarizes the details of management of infections, care of paraphernalia, diet regulations and diet sheets, care of the feet, insulin reaction, urine testing, in fact practically everything else a diabetic needs to know.

This is a valuable book to give to diabetic patients of average intelligence (or higher) to teach them all

"...in patients with moderately severe and severe cardiac failure, neohydrin is the oral diuretic of choice."*

*Moyer, J. H., and others: J. Chronic Dis. 2:670, 1955.

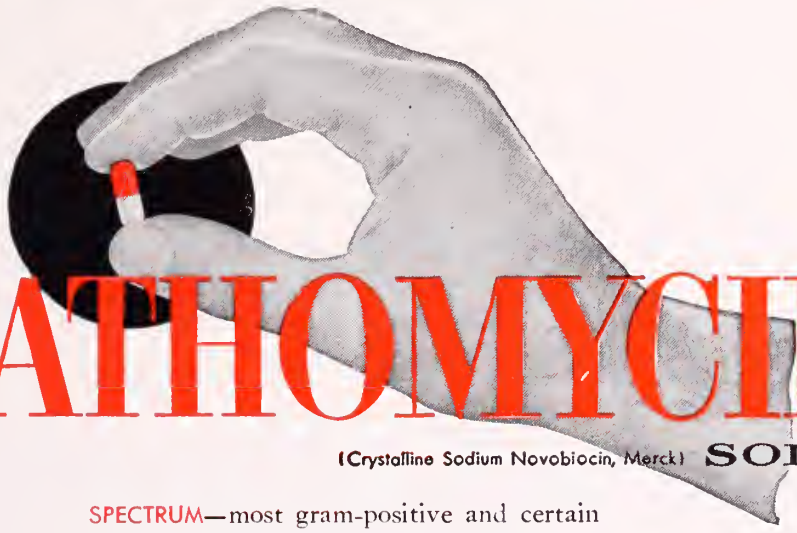
03056

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)

RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris;* including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

they need to know about diabetes. It is highly recommended from a point of interest, content, and its practicality for guidance of diabetic patients and those who must help to care for them at home.—John E. Lenox, M. D.

* * * *

BELLEVUE IS MY HOME—By Salvatore R. Cutolo, M. D., Deputy Medical Superintendent of Bellevue Hospital, New York City. Pp. 317. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y. 1956. Price $4.00.

The twenty-six years that Dr. Cutolo has been associated with Bellevue Hospital have provided a wide and varied career. He graphically portrays the pathos of the patients seen at this large municipal hospital and the rewards and the frustrations of those who care for these people. He presents no continuity of plot as in the sterotyped novel, but rather a series of illustrative anecdotes.

This is obviously a biography of a person of great integrity and of strict moral and spiritual standards, but more than this Dr. Cutolo in a very humble fashion shows his warmth and feeling for his patients. He presents a rather prejudicial viewpoint of Bellevue and the things accomplished there. I am certain the other hospitals of New York offer consultations of equally brilliant minds, that they care for equally filthy patients, and that they respond to emergencies with equal speed and proportional numbers.

As a bewildered adolescent, I remember reading "An American Doctor's Odyssey" and the impact it had on my future career. This book offers a comparable work that could be recommended to the floundering neophyte looking for a true picture of the life awaiting those who choose this profession.—John B. Harley, M. D.

* * * *

THE MORPHOLOGY OF HUMAN BLOOD CELLS—By L. W. Diggs, M. D., Professor of Medicine and Director of Medical Laboratories, University of Tennessee and City of Memphis Hospitals, and Consultant in Hematology, Armed Forces Institute of Pathology, Washington, D. C.; Dorothy Sturm, Instructor, Memphis Academy of Arts; and Ann Bell, B. A., Instructor in Medicine, University of Tennessee College of Medicine, Memphis. Pp. 181, with figures and color plates. Philadelphia and London: W. B. Saunders Company. 1956. Price $12.00.

This Atlas is a valuable addition to the library of a relatively small segment of the medical world. It was written primarily for medical students and medical technologists and is concerned almost entirely with the morphology of normal and pathologic cells. Little space is devoted to the significance of the pathologic forms.

It is an interesting example of a contribution to medicine by a drug company. Abbott Laboratories assumed the initial cost of the color plates and published them in "What's New". W. B. Saunders Company was then permitted to use the plates in the production of this book. The 31 color plates which are used together form the backbone of the Atlas.

The discussion of the various cells, presented in the same sequence as the plates, comprises the last two-

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia ***Telephone WI 9-4842***

thirds of the book. Some students find difficulty in comparing the water color paintings with cells as they appear in actual stained smears of blood.

This book is valuable for orientation in the study of blood cell morphology and as a reference in the hematology laboratory.—B. K. Black, M. D.

* * * *

THE OFFICE ASSISTANT IN MEDICAL OR DENTAL PRACTICE—By Portia M. Frederick, Instructor, Medical Office Assisting, Long Beach City College, and Carol Towner, Executive Assistant, Department of Public Relations, American Medical Association. Pp. 351, with 55 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $4.75.

This book is clearly written and deals with all the problems which an office assistant must face most of the time, particularly if she is new in the field. Social, economic and clerical, as well as medical and technical aspects of the physician's office or dentist's office, have been discussed and simply explained in the twenty-six chapters of the volume.

From the medical aspect, a clear and concise explanation of the problems which may arise in regard to physical therapy, immunology, care of instruments and sterilization is given, along with reference to possible laboratory studies.

At this time, the stable and reliable office girl or assistant is a very rare being, and for various reasons, it is a common occurrence for the physician or dentist to have to change or replace his assistant frequently. With

organomercurial diuretics "...permit ingestion of enough salt to make food palatable; without them, many patients would lose their appetites, a consequence of the salt-free diet which has occasionally been known to cause serious malnutrition."*

*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

03156

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

each replacement he undoubtedly will have new problems to face. An assistant in this field will be further educated in the reading of this volume. Every physician or dentist should have a copy of this valuable book in his library as an additional means for the orientation of his new assistant and a method of improvement in the efficiency of a more experienced member of his office staff.—M. V. Kalaycioglu, M. D.

Books Received

THE MANAGEMENT OF MENSTRUAL DISORDERS—By C. Frederick Fluhmann, B. A., M. D., C. M., Clinical Professor of Obstetrics and Gynecology, Stanford University School of Medicine, San Francisco. Pp. 350, with 121 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $8.50.

* * * *

DICTIONARY OF DIETETICS—By Rhoda Ellis, Ph. D., Instructor of Foods and Nutrition, Department of Home Economics, Brooklyn College, New York. Pp. 152. Philosophical Library, 15 E. 40th Street, New York 16, N. Y. 1956. Price $6.00.

* * * *

THE RECOVERY ROOM—Immediate Postoperative Management—Max S. Sadove, M. D., and James H. Cross, M. D. Pp. 597 with illustrations. Philadelphia and London: W. B. Saunders Company. 1956. Price $12.00.

* * * *

TREATMENT OF HEART DISEASE—A Clinical Physiologic Approach—By Harry Gross, M. D., F. A. C. P., and Abraham Jezer, M. D. Pp. 549, with 91 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $13.00.

* * * *

PERSONAL HEALTH RECORD—By Carl A. Dragstedt, M. D., Ph. D., Northwestern University Medical School, Chicago. Pp. 64. The Military Service Publishing Company, Telegraph Press Building, Harrisburg, Pa. 1956. Price $1.00.

* * * *

PHYSICAL DIAGNOSIS—By Ralph H. Major, M. D., Professor of Medicine, and Mahlon H. Delp, M. D., Professor of Medicine, University of Kansas. Pp. 358, with 536 figures. Fifth Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $7.00.

Formula for a Long Life

The man who works hard but who never hurries and who never worries has the best chance of outliving his irrascible, intemperate fellows.—Bull. Los Angeles Co. (Cal.) Med Assn.

WANTED—Two Staff Physicians for 2,200-bed State (mental) Hospital; must be qualified for State license; active outpatient clinic; salary $5500, plus maintenance.—H. Sinclair Tait, M. D., Supt., Weston State Hospital, Weston, West Virginia.

WANTED—Assistant physician for coal community practice near Fairmont. House available immediately. Write CD-1, Box 1031, Charleston 24, West Virginia.

FOR SALE—X-Ray machine and radium, office furniture and surgical instruments and equipment. Write Room 1111 First Huntington National Bank Building, or phone Huntington 2-6894.

FOR SALE—Complete line of drugs, instruments, scales and office furniture for sale. Property of the late J. H. Ferguson, M. D. Write or phone Mrs. J. H. Ferguson, 215 Wilson Street, Ravenswood, West Virginia.

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service — W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

IDENTIFY YOURSELF WITH WORLD MEDICINE

through

THE WORLD MEDICAL ASSOCIATION

by joining its

UNITED STATES COMMITTEE, INC.

(Approved by American Medical Association)

Your Membership Brings You . . .

1. *Certificate of Membership*, your introduction card to 700,000 doctors of nearly 60 nations joined in a world-wide movement for the highest possible level of medical service.
2. *The World Medical Journal*, published bi-monthly, and all published studies of WMA, with data nowhere else available on scientific, economic, educational and social trends in world medicine.
3. *Letters of Introduction* to foreign medical associations and their members, facilitating professional contacts when traveling abroad.
4. *A share in representing the* interests of the practicing physician before other international groups dealing with medicine.
5. *The satisfaction of sharing the advantages of American* medical progress with other lands, and at the same time helping to protect the freedom of medicine.

JOIN TODAY!

Dr. Louis H. Bauer, Secretary-Treasurer
U. S. Committee, Inc., World Medical Association
10 Columbus Circle, New York 19, New York

I desire to become an individual member of The World Medical Association, United States Committee, Inc., and enclose check for $ _____, my subscription as a:

____ Member	—$ 10.00 a year
____ Patron Member	—$100.00 or more per year
____ Life Member	—$250.00 (no further assessments)

Signature _____

Address _____

_____

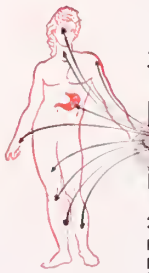
(Contributions are deductible for income tax purposes)

PLEASE MAKE CHECKS PAYABLE TO
U. S. COMMITTEE, WORLD MEDICAL ASSOCIATION

in inflammatory skin diseases

all the benefits of the "predni-steroids"
plus positive antacid action
to minimize gastric distress

ROUTINELY ACHIEVED WITH 'Co-Deltra'
(Buffered Prednisone)



Multiple Compressed Tablets

'Co-Hydeltra'
(Buffered Prednisolone)

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

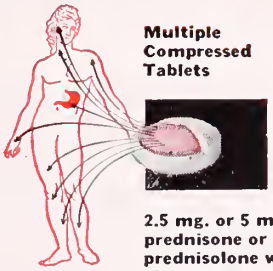
'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

in bronchial asthma

clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of the "predni-steroids" antacids should be routinely co-administered to minimize gastric distress

ROUTINE CO-ADMINISTRATION MEANS

'Co-Hydeltra'
(Buffered Prednisolone)



Multiple Compressed Tablets

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

'Co-Deltra'
(Buffered Prednisone)

All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* **160**:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* **158**:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* **158**:459, (June 11,) 1955.

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

Adequate Hospitalization for Treatment of Alcoholics

Doctors find the modern facilities and specialized care available at White Cross Hospital meet a vital need.

Affords Sympathetic Atmosphere, Encouraging Personal Attention, Specially Trained Staff

It is generally believed that alcoholism is self-imposed. Often in general hospitals the alcoholic patient is not considered to be "legitimately" sick, which results in the wrong psychological and emotional atmosphere that aggravates the condition. This is why more and more doctors with alcoholic cases where hospitalization is essential are utilizing the facilities at White Cross Hospital, devoted to the treatment of alcoholics exclusively. Here a sympathetic, comfortable and pleasant atmosphere—so essential to rehabilitation—is assured. The White Cross staff, trained in the special problems of the inebriate, is adequate to assure prompt attention at all hours. The White Cross Hospital is under the direction of a competent licensed physician, with five consulting physicians subject to call. Registered nurses and technicians are in charge 24 hours daily.

Safe, Effective White Cross Treatment

A private hospital offering scientific, institutional, medical, psychological, reflex, reduction and other methods for the rehabilitation of consent patients suffering from alcoholism. With the consent of the doctor and patient, the regular White Cross procedure is followed. At your request, your patient remains entirely under your supervision. You may come and go in White Cross Hospital at will, and will find the staff completely cooperative. Your recommendations will be followed to the letter.

All equipment modern with facilities to take care of 50 patients both male and female.

Salem, Va. Hospital

Approved and licensed by the Virginia State Hospital Board, Member American Hospital Association. Located atop beautiful Mt. Regis, in the quiet serene mountains of Virginia—conducive to rest, comfort and rehabilitation.

For information phone or write for booklet
Rates Reasonable

WHITE CROSS HOSPITAL

Five miles west of Roanoke on route No. 11
Salem, Virginia—Phone Salem 4761

Copyright 1955 H.N. Alford, Atlanta, Ga.

Correspondence

The Sears-Roebuck Foundation
3333 Arthington Street
Chicago, Illinois

Mr. Charles Lively, Executive Secretary,
West Virginia State Medical Association,
Charleston 24, West Virginia

July 5, 1956

Dear Mr. Lively:

A year ago the Sears-Roebuck Foundation, in cooperation with the American Medical Association, made a grant of $125,000 for the establishment of a Revolving Assistance Fund. The purpose of this fund was to make loans to physicians desiring to establish or improve medical facilities in areas where the medical care is inadequate. It is the intention of the Foundation to continue to make this grant to the revolving fund each year. Evaluation of all applications is done by a Medical Advisory Board composed of prominent and highly qualified physicians appointed by the Trustees of the American Medical Association.

In the short time the fund has been in existence, 22 loans have been made affecting 33 physicians from 13 states. Loans ranged from $3,000 to $25,000, and total loans amount to $179,500. Loans have gone to general practitioners, specialists, partnerships, and medical groups. The sole criteria, besides medical proficiency, has been the need of the community for medical care. So the Revolving Fund may grow, all repayments, principal, and interest, go into the fund for future loans. There is no charge to this fund for administration of the program. This is met by another Foundation grant.

In 1956 it was necessary to have two cut-off dates in processing applications—April 1st and October 1st. Applications received before April 1st are decided upon before June 15th. Applications received before October 1st will be acted upon by December 15th. The Foundation is now accepting applications for the last half of 1956.

There is an opportunity for you as Executive Secretary to provide a real service to many communities in your state not now having adequate medical coverage or medical facilities by informing graduating interns and established physicians of this plan. This is a 10-year, non-securing loan ranging from zero to six per cent interest depending on the rapidity of repayment.

Undoubtedly there are many physicians in your state who are not aware of this opportunity to improve existing facilities or to establish themselves in private prac- in rural or suburban areas. The April 1st cut-off date is ideal for graduating interns since loans are approved in June, which is generally the time they graduate. The October cut-off date is ideal to aid those established physicians who have poor medical facilities and

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

are now in a position to incur the responsibility of building or improving their medical units.

This revolving assistance fund has great potential. It is growing now. The future of the fund, to be of service to the medical profession in the field of medical distribution, depends entirely on reaching and informing physicians of the existence of this fund.

I certainly hope that we may be of some service to your state. If you have any suggestions that can help us in this plan, we would appreciate hearing from you.

Sincerely,

Norman H. Davis
Director, Medical Program

* * * *

The National Foundation for Infantile Paralysis
120 Broadway
New York 5, N. Y.

July 3, 1956

Dr. Athey R. Lutz, President
West Virginia State Medical Association
Parkersburg, W. Va.

Dear Doctor Lutz:

I have attached to this letter an advance copy of a communication that I have mailed today to all practicing physicians in the United States.

The purpose of the enclosed letter and indeed of this communication to you is to alert you to the fact that a major change in the poliomyelitis vaccine supply is now taking place.

In the nation as a whole polio vaccine supply is now outrunning current demand. The implications of this fact, as you may gather, are important.

It is my sincere belief that medical leadership will now be the crucial factor in determining how many people will be vaccinated against paralytic polio and thus protected against this disease.

The time to vaccinate is now.

You are in regular communication with your state health officer and may wish to work with him in urging immediate vaccination against paralytic poliomyelitis for the residents of your state.

May I enlist your good offices in encouraging physicians in your state, through your regular channels of communications to the constituent societies, to take leadership in the polio vaccination program?

If there is any way in which the national headquarters office or the state representatives of the National Foundation for Infantile Paralysis can be of help to you, do not hesitate to call on us.

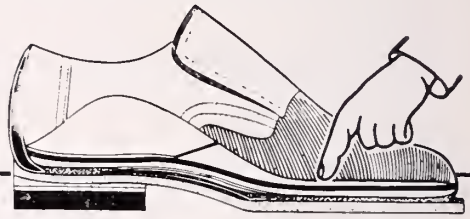
Your leadership is important and I am grateful for it.

Cordially yours,

Hart E. Van Riper, M. D.
Medical Director.

We've made great medical progress in the last generation—what used to be an "itch" is now an "allergy".—The Medicovan.

PERSPIRATION PROOF
Insoles do not crack or curl from perspiration★



- Insole extension and wedge at inner corner of heel where support is most needed.
- The patented arch support construction is guaranteed not to break down.

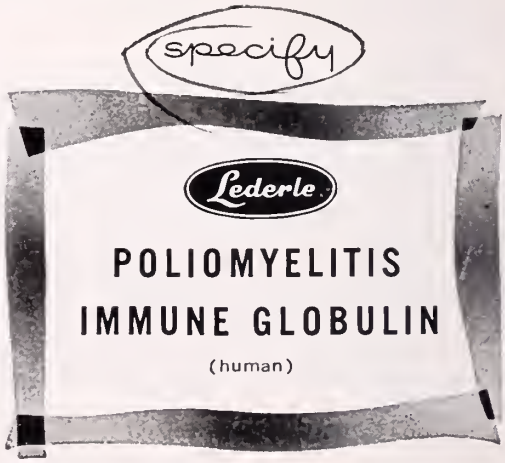
★ Innersoles guaranteed not to crack or collapse.

- Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.
- Conductive Shoes for surgical and operating room personnel. N.B.F.U. specifications.
- We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company



For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New York

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street **Charleston, W. Va.**

EVERY WOMAN WHO SUFFERS IN THE MENOPAUSE DESERVES "PREMARIN"®

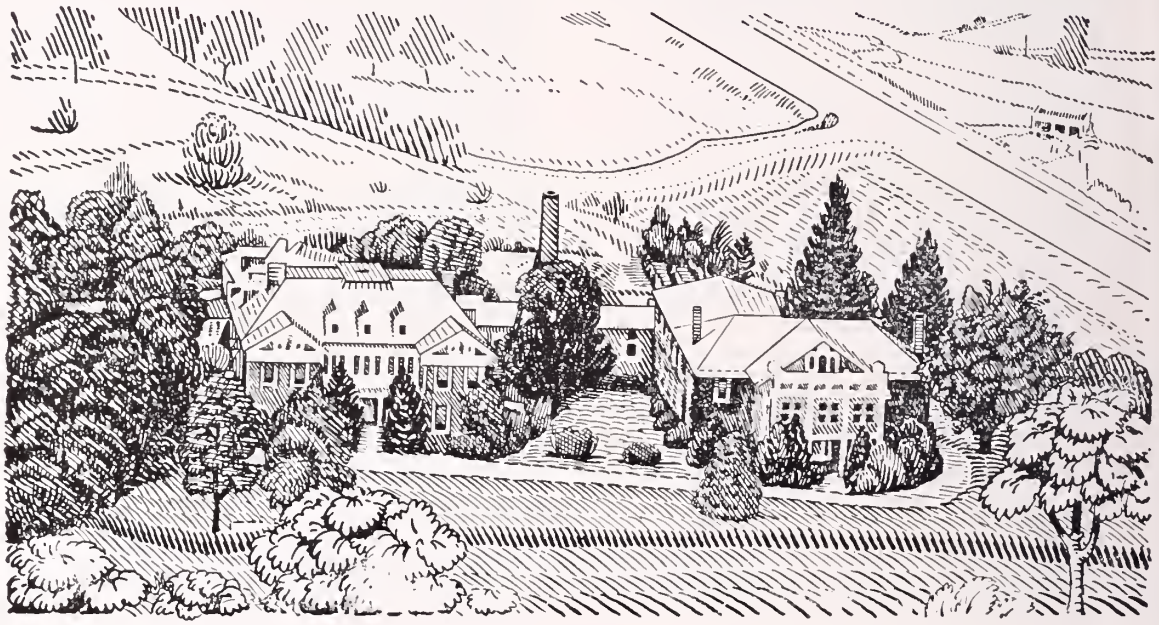
widely used natural, oral estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5646

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

Suicide Leads

This column is not preoccupied by Suicide even tho several items have appeared in past years. Suicide is hard to analyze, hard to predict, and various authorities have varied opinions about it. . . About 20,000 Americans commit suicide per year, but five times as many try it. Shneidman and Tarberow analyzed 64 psychotics, half of whom had had suicidal impulses. It was impossible to pick out the potential suicides from the history. Many people threaten it and fail to act, but everyone who acts has threatened it. . . The only emotional ills which predisposed were very severe depression and delusions of persecution. . . Those who only threatened may be more disturbed by guilt, agitation, irritability, and agression. . . These are slender leads, but may help to alert a physician.—Arizona Medicine.

Artificial Feeding of Infants

In the United States the majority of infants are now artificially fed. The death rate has declined on an average of 2% each year since 1915. In 1950 it was less than 1/3 the rate in 1915. The perplexing problem of artificial feeding has been simplified and accepted as a satisfactory method of infant feeding, but pediatricians still agree that if possible, it is best for a mother to nurse her child.—Felisa J. Bracken in Maryland State Medical Journal.

THE
KEELEY
INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

THE WHEELING CLINIC
EOFF AT 16th STREET
WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.
D. A. MacGregor, M. D.
Albert M. Valentine, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE
YOU COMPLETELY
PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

◆

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

◆

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RICHARD N. O'DELL, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE
Diplomate of the American Board of Internal Medicine
1120½ Quarrier Street — Charleston, W. Va.

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
Diplomate American Board of Neurological Surgery
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1210 Virginia St., E. — Charleston, W. Va.
Phones: Off: 2-4493, Res. 3-8081

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
412 Medical Arts Bldg. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

WEST VIRGINIA DRUG STORES (Cont'd.)

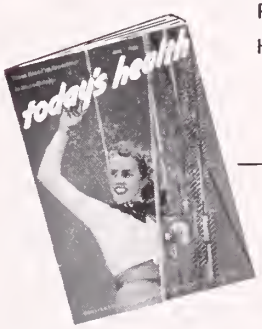
GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!

for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

AUGUST ADVERTISERS

Ames Company, Inc. ..... *Inside Back Cover*
Ayerst Laboratories xlvii

Broaddus Hospital xl
Burroughs Wellcome xxiv

Charleston Engraving Company xlvii
Ciba Pharmaceutical Products xx
Coca-Cola Co. xx
Corn Products Refining Co. xii

Daniel Boone Hotel l

Feick Brothers l
Foot-So-Port Shoe Co. xlvi

Harding Sanitarium xxxv

Keeley Institute xlix
Kloman Instrument Company, Inc. xxxvi

Lakeside Laboratories ..... xv, xxxvi, xxxix
Lederle Laboratories ..... 254, 255, xlvi
Lilly, Eli and Company ..... *Front Cover*, xxviii

Mallard, Inc. xxxiii
Marmet Hospital xxxviii
McMillen Sanitorium l
Medical Arts Supply Co. xxxiv
Merck Sharp & Dohme ..... v, xvi, xvii, xxiii, xxxi, xxxvii, xlii, xliii
Myers Clinic xlvii

Parke, Davis & Company ..... ii, iii
Patton Adjustments liv
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ..... xi, xxi
Physicians Casualty Association xxxii
Physicians & Dentists Business Bureau xxxv
Physicians Products Company xxii
Picker X-Ray Corp. viii

Riker Laboratories xxv

St. Albans Sanitarium xlviii
Schering ..... vi, vii, *Insert*, xxvi, xxvii
Schmid, Julius, Inc. xviii
Searle, G. D. & Company xxix
Smith, Kline & French Laboratories ..... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. xiv

Viceroy Cigarettes xiii

Wallace Laboratories xix
Westbrook Sanatorium xxxix
Wheeling Clinic xlix
White Cross Hospital xliv
Winthrop Laboratories x
Wocher's xlv
Wyeth, Inc. ix

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

for results you can trust...

patients' reports you can rely on...

color calibrated CLINITEST®

BRAND

the urine-sugar test with the Laboratory-Controlled color scale

- clear-cut color changes in the clinically significant range
- avoids trace reactions that confuse the clinical picture
- close correlation with quantitative tests

AMES

AMES COMPANY, INC • ELKHART, INDIANA
Ames Company of Canada, Ltd., Toronto

05556

physical sluggishness . . .

decreased mental and emotional control . . .

decreased function in various organ systems

In many of the clinical problems caused by Metabolic Insufficiency you will see *positive improvement within several days.* This is because 'Cytomel' stimulates metabolism at the cellular level.

5 mcg. and 25 mcg. (scored) tablets

Cytomel*

a new agent for treatment of Metabolic Insufficiency

Smith, Kline & French Laboratories, Philadelphia

LT3

*Trademark for L-triiodothyronine, S.K.F.

TACKS

COLLEGE OF PHYSICIANS LIBRARY
SEP 12 19
OF PHILADELPHIA

THE WEST VIRGINIA

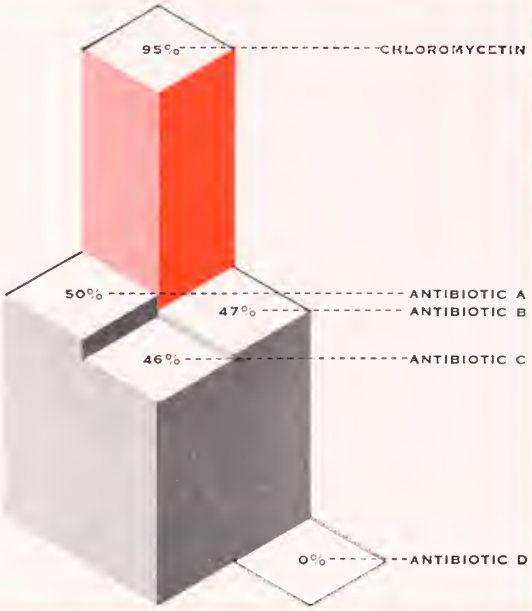
Medical Journal

OFFICIAL ORGAN OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

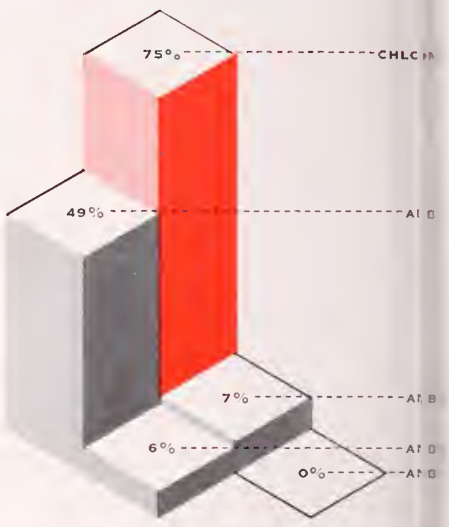
Contents on Page IV — Index to Advertisers on Page LIV

VOL. 52, NO. 9 SEPTEMBER, 1956

SENSITIVITY OF COMMON PATHOGENS TO CHLOROMYCETIN AND FOUR OTHER MAJOR ANTIBIOTIC AGENTS

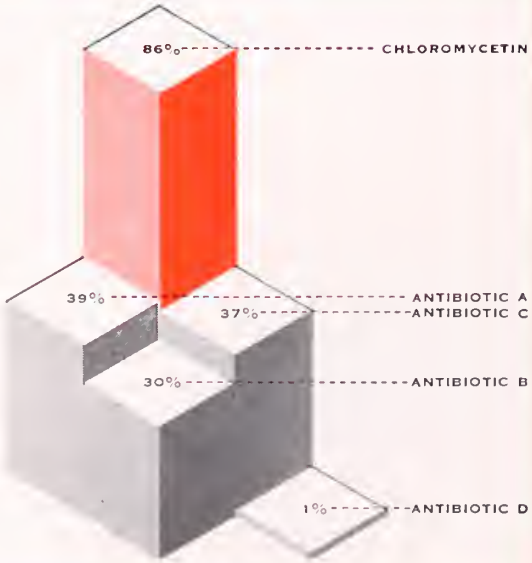


ESCHERICHIA COLI
(148-227 STRAINS)

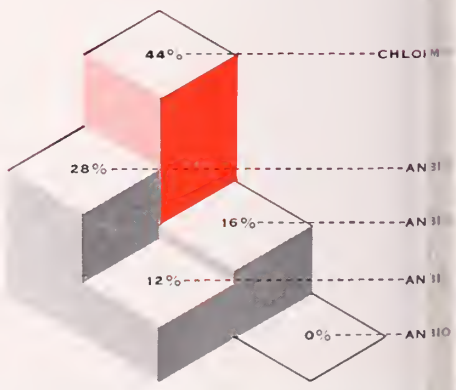


BACILLUS PROTEUS
(63-104 STRAINS)

AEROBACTER AEROGENES
(143-248 STRAINS)



PSEUDOMONAS AERUGINOSA
(39-70 STRAINS)



*This graph, based on in v
is adapted from Horton a

when more than one organism is involved...

Chloromycetin®

for today's problem pathogens

Therapeutic advantages of CHLOROMYCETIN (chloramphenicol, Parke-Davis) are especially appreciated when mixed infections are encountered because it provides highly effective antibiotic action both against gram-negative and against gram-positive pathogens.[1-7] CHLOROMYCETIN also acts against many pathogens which may grow when originally sensitive organisms have been suppressed.[2]

Unlike some antibacterial agents which are specific for one type of organism only, or others to which bacterial resistance readily develops, CHLOROMYCETIN demonstrates continued efficacy against a wide variety of commonly occurring microorganisms: "Sensitivity of many strains of pathogens to chloramphenicol [CHLOROMYCETIN] and limited tendency of these organisms to develop resistance to this antibiotic explain the effectiveness of chloramphenicol where other antibiotics and chemotherapeutic agents have failed."[1]

CHLOROMYCETIN is a potent therapeutic agent, and because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (2) Joron, G. E.; Fowler, A. F.; de Vries, J.; Reid, G., & Mathews, W. H.: *Canad. M. A. J.* 73:956, 1955. (3) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (4) Perry, R. E., Jr.: *North Carolina M. J.* 16:567, 1955. (5) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (6) Murphy, F. D., & Waisbren, B. A., in Murphy, F. D.: Medical Emergencies: Diagnosis and Treatment, ed. 5, Philadelphia, F. A. Davis Company, 1955, p. 557. (7) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (8) Horton, B. F., & Knight, V.: *J. Tennessee M. A.* 48:367, 1955.

PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN

50024

SEPTEMBER
1956

Vol. 52 No. 9

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charleston

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone DIckens 4-4625.

WEST VIRGINIA PRESS ASSOCIATION
Member 1956

CONTENTS

Scientific Articles

Osteoarthritis—Russell L. Cecil, M. D. 285
Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon—Marion N. Malinowski, M. D., John E. Lutz, M. D., and Kenneth G. MacDonald, M. D. 289
The Clinico-Bacteriologic Evaluation of Furadantin in Urinary Tract Infections—Lowrain E. McCrea, M. D., and Theodore Anderson, Ph.D. 293
Rheumatoid Spondylitis (A Review of 105 Cases)—John B. Harley, M. D. 301

Special Article

The Curriculum in Medical Technology at West Virginia University—Edward J. Van Liere, M. D., Ph.D., and Gideon S. Dodds, Ph.D. 305

The President's Page

"Putting Sense in Accident Laws"—Athey R. Lutz, M. D., President, West Virginia State Medical Association 310

Editorials

Slow Up—And Live 311
PG Courses and Taxes 311
Golden Anniversary 312
The New WVU Medical Center 312
A Storehouse of Good Will 313
Medical Technologists 313

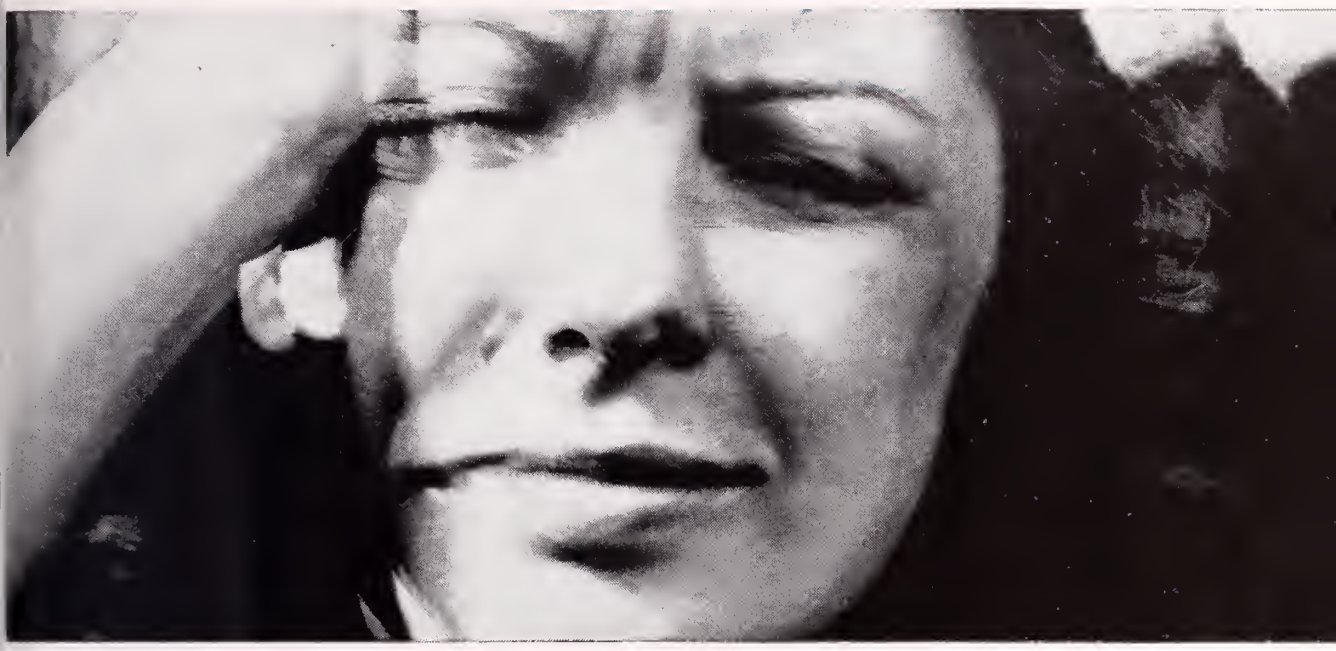
General News

Ninth Rural Health Conference 314
Symposium on Endocrinology 315
ACP Regional Meeting in Charleston 316
Southern Medical Anniversary Celebration 318
New Surgeon General 319
W. Va. TB and Health Association Meeting 320

Special Departments

The Month in Washington xxxvi
Obituaries xxxix
Book Reviews xl
Directory of Physicians in Limited Practice li
Index to Advertisers liv

For Control of Acute Agitation



- In the acute alcoholic
- In the acute psychotic
- In the drug addict

A potent new agent in chemopsychotherapeutics, SPARINE has demonstrated a marked ability to calm and relax acutely agitated patients.[1,2] Without inducing disabling lethargy or dulling perception, SPARINE ". . . is effective in . . . maintaining these subjects in a quiescent detached state. . . ."[1]

Given intravenously, SPARINE rapidly brings patients under control. Given orally or intramuscularly, it promotes patient accessibility, fosters psychotherapeutic contact, and facilitates over-all management. Parenteral administration of SPARINE is not painful and does not cause tissue necrosis at the site of injection.

For intravenous, intramuscular, or oral administration

1. Fazekas, J.F., et al.: J.A.M.A. **161**:46 (May 5) 1956. 2. Mitchell, E.H.: J.A.M.A. **161**:44 (May 5) 1956.

NEW Potent Ataractic Drug

Sparine*

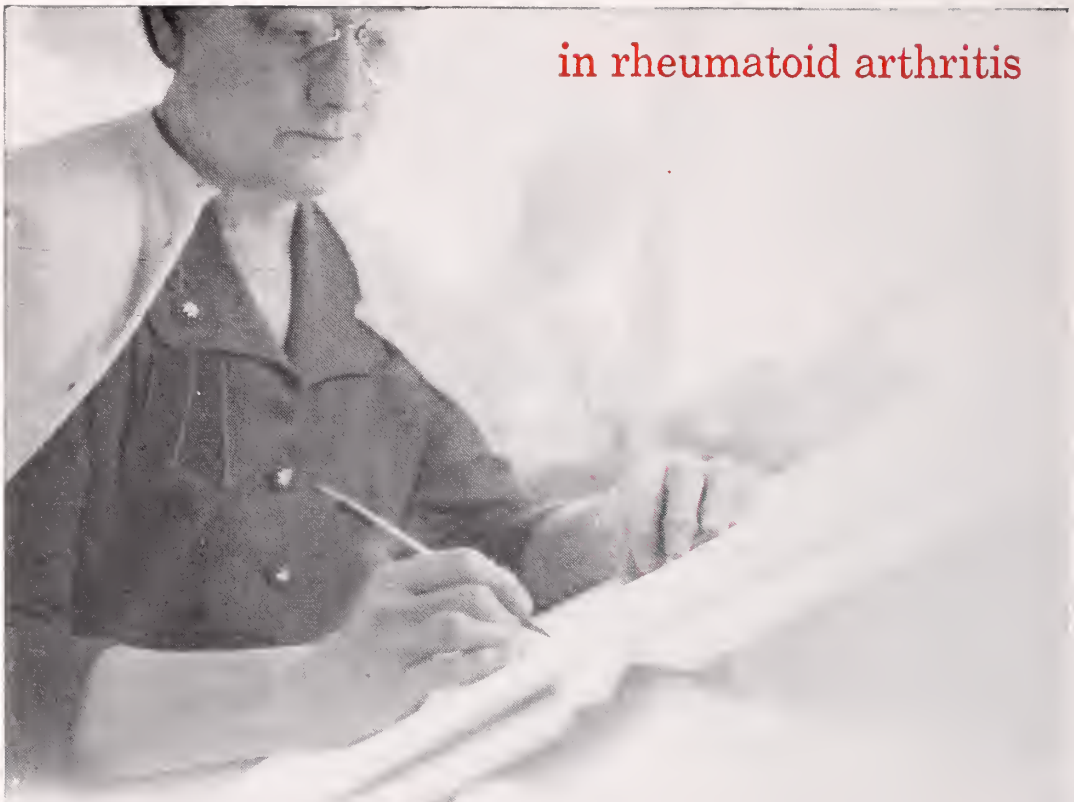
Hydrochloride

Promazine Hydrochloride

10-(γ-dimethylamino-*n*-propyl)-phenothiozine hydrochloride

*Trademark

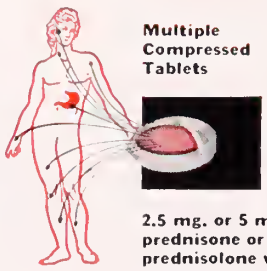
Wyeth®
Philadelphia 1, Pa.



clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of the "predni-steroids" antacids should be routinely co-administered to minimize gastric distress

ROUTINE CO-ADMINISTRATION MEANS

'Co-Hydeltra'
(Prednisolone Buffered)



Multiple Compressed Tablets

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

'Co-Deltra'
(Prednisone Buffered)

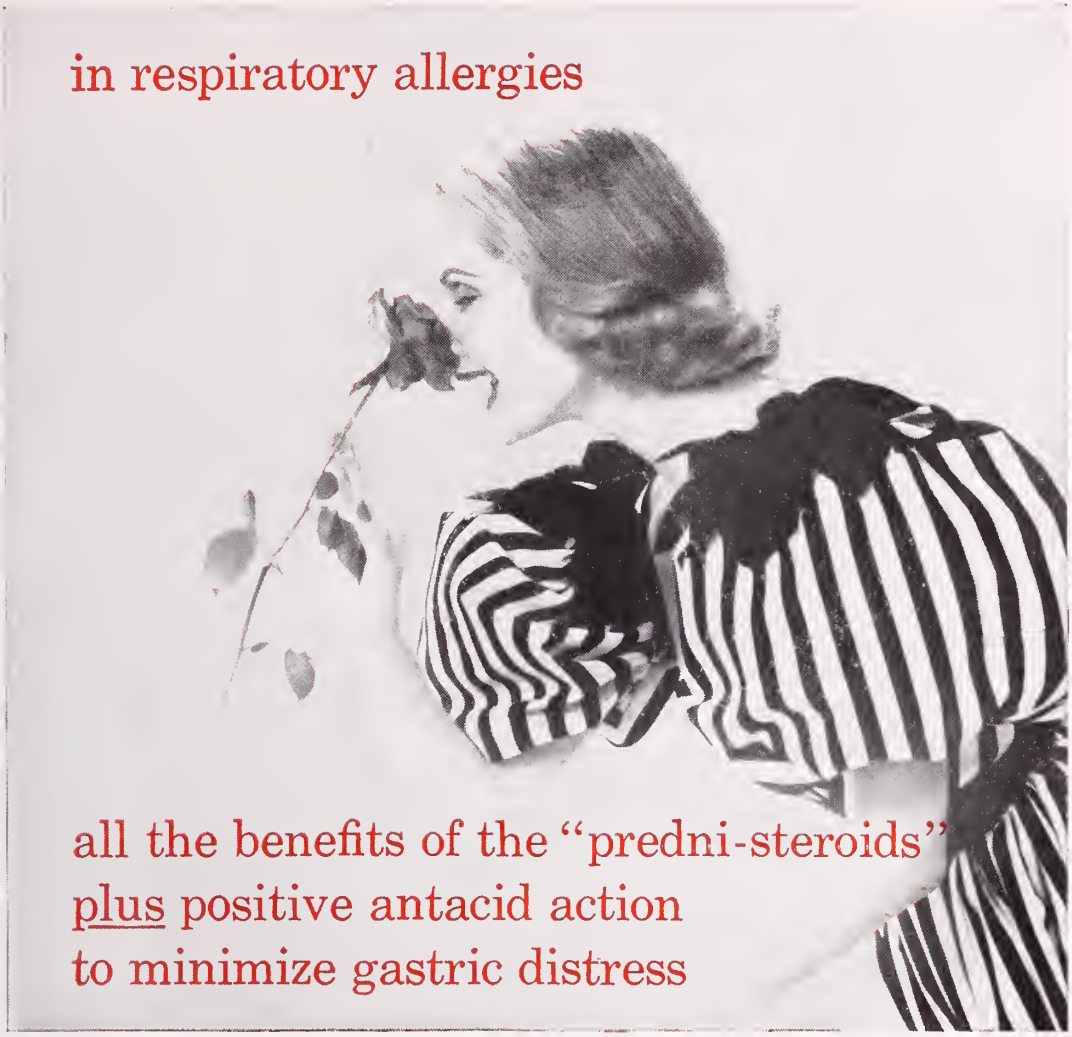
All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* **160**:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* **158**:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* **158**:459 (June 11) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA

'CO-DELTRA' *and* 'CO-HYDELTRA' *are trademarks of* MERCK & CO., INC.

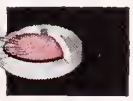
in respiratory allergies



all the benefits of the "predni-steroids"
plus positive antacid action
to minimize gastric distress

ROUTINELY ACHIEVED WITH 'Co-Deltra'
(Prednisone Buffered)

Multiple
Compressed
Tablets



'Co-Hydeltra'
(Prednisolone Buffered)

2.5 mg. or 5 mg.
prednisone or
prednisolone with
50 mg. magnesium
trisilicate and
300 mg. aluminum
hydroxide gel.

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* 158:459 (June 11) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are trademarks of* MERCK & CO., INC.

when bones begin to show signs of change

GYNETONE REPETABS

for osteoporosis of

- menopause
- postmenopause
- senility
- arthritis
- long-term ACTH, cortisone and hydrocortisone therapy

Combined estrogen-androgen therapy with GYNETONE REPETABS stimulates protein synthesis to improve bone-building action and to enhance calcium redeposition* with minimal side effects of either hormone.

*Reifenstein, E. C., Jr., and Albright, F.: J. Clin. Investigation *26*:24, 1947.

for individualized therapy: two strengths

GYNETONE REPETABS ".02": Ethinyl Estradiol U.S.P. 0.02 mg. plus 5 mg. Methyltestosterone U.S.P.
GYNETONE REPETABS: ".04": Ethinyl Estradiol U.S.P. 0.04 mg. plus 10 mg. Methyltestosterone U.S.P.

GYNETONE,® combined estrogen-androgen.
REPETABS,® Repeat Action Tablets. GT-63 256

SCHERING

unchanged life

in the changing years

two strengths

0.02 mg. ethinyl estradiol plus 5 mg. Methyltestosterone U.S.P.

0.04 mg. ethinyl estradiol plus 10 mg. Methyltestosterone U.S.P.

GYNETONE,® combined estrogen-androgen.

REPETABS,® Repeat Action Tablets. GT-J-61-256

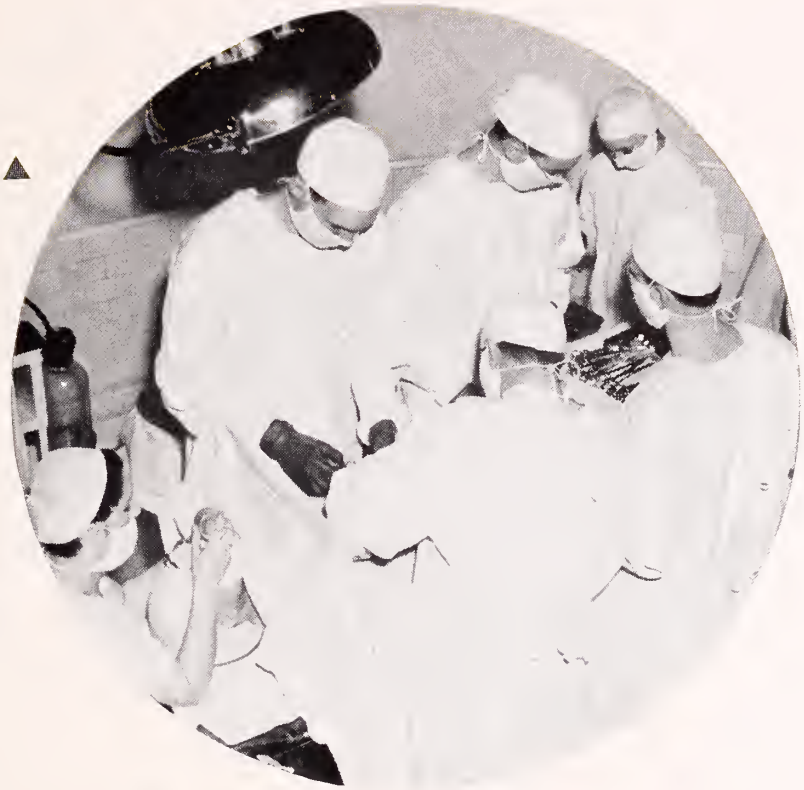
standard for therapeutic convenience

daylong relief from a single dose

CHLOR-TRIMETON REPETABS 8 and 12 mg.
PRANTAL REPETABS 100 mg.
GYNETONE REPETABS ".02" and ".04"

CHLOR-TRIMETON® Maleate, brand of chlorprophenpyridamine maleate.
PRANTAL® Methylsulfate, brand of diphemanil methylsulfate.
GYNETONE,® combined estrogen-androgen.
REPETABS,® Repeat Action Tablets.

M-J-62-356



Specializing

in your patients' HOSPITAL, SURGICAL and MEDICAL insurance problems makes the local AMERICAN HEALTH AGENT a valued "Doctor's Aide."

AMERICAN HEALTH INSURANCE CORPORATION BALTIMORE MD

Complete Local Service In Your State

Because he is a specialist who focuses his attention on Health Insurance, the local American Health Agent has won a position of friendship and trust.

As a career agent in his chosen field, it is his purpose to serve both Doctor and patient as a true "friend in need" at all times, with prompt settlements, efficient service, and a sympathetic understanding of the problems of the medical profession.

American Health

INSURANCE CORPORATION

FIRST NATIONAL BANK BUILDING, BALTIMORE 2, MD.

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'®

brand

POLYMYXIN B—BACITRACIN OINTMENT

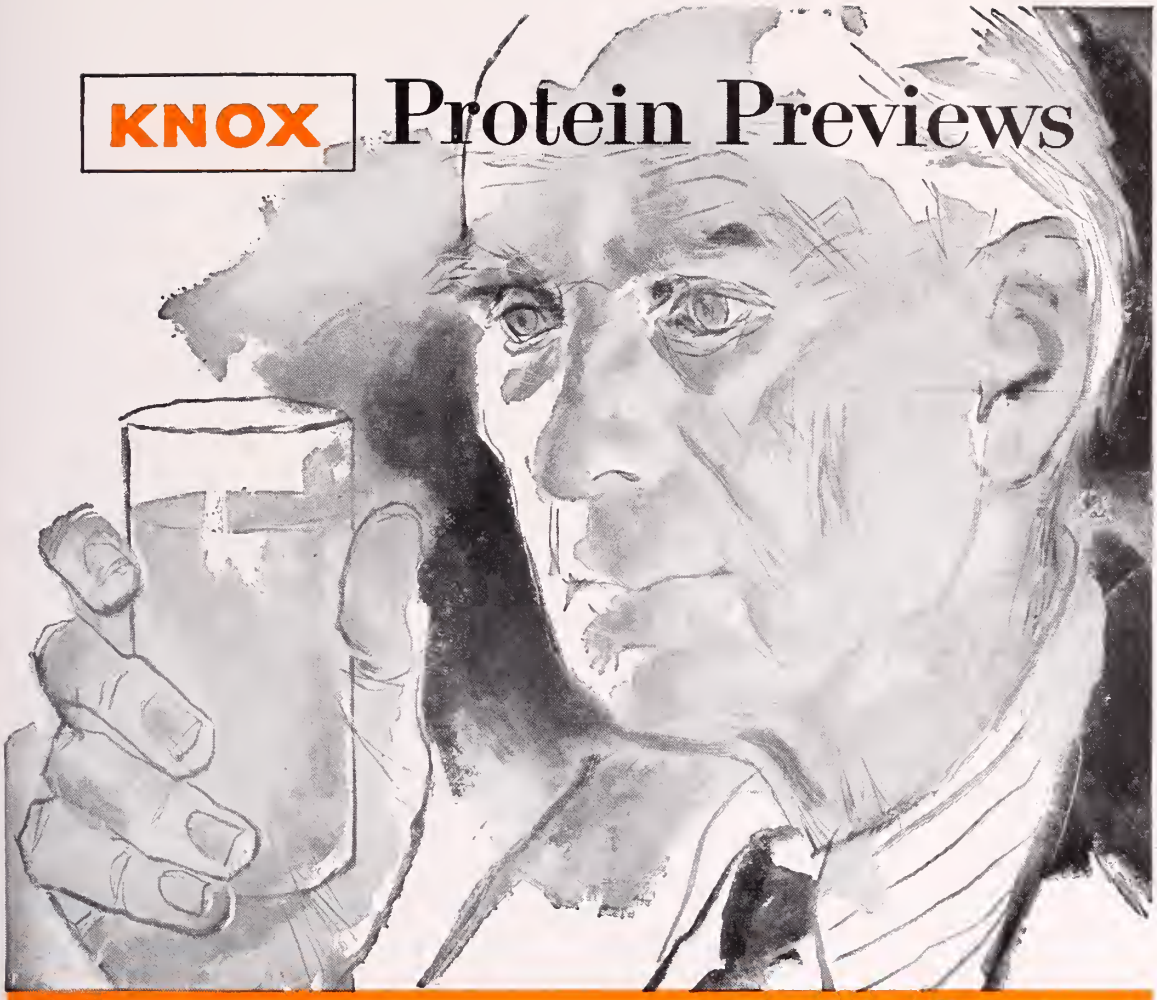
to insure broad-spectrum therapy with minimum allergenicity

For topical use: in ½ oz. and 1 oz. tubes.

For ophthalmic use: in ⅛ oz. tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

KNOX Protein Previews



Maintaining Lean Body Mass in the Edentulous Geriatric Patient

Extensive loss of body protein can occur in either the spare or obese geriatric patient. But whatever the patient's somatotype, a decrease in lean body mass is usually the result of inadequate protein intake due to poor dentition, slowed-down digestion and quite frequently, unappetizing main dishes.

Knox Gelatine is an excellent non-residue protein which is easy to chew and readily digested and assimilated. As a vehicle for many foods, Knox Gelatine brightens bland diets, giving a new interest to jaded appetites. As a concentrated protein drink, Knox Gelatine supplies seven out of eight essential amino acids and a majority of the other amino acids composing protein.

Specific suggestions on how to use Knox Gelatine in different types of geriatric diets are described in the booklets listed in the coupon below.

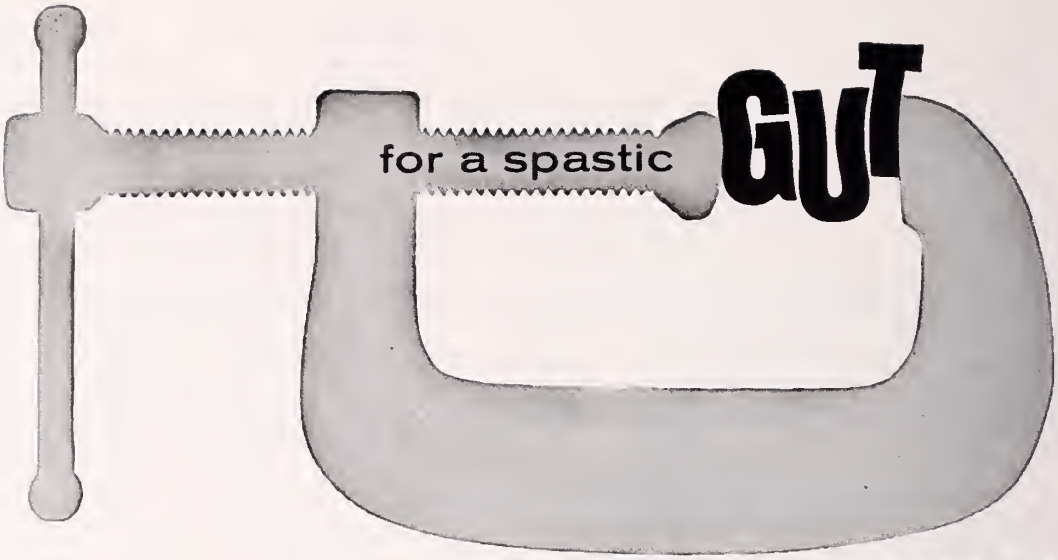
Chas. B. Knox Gelatine Company, Inc.
Professional Service Department SJ-18
Johnstown, N. Y.

Indicate number of special diet booklets desired for your patients opposite title:

GERIATRIC_____ REDUCING_____

DIABETIC_____ CONVALESCENT_____

YOUR NAME AND ADDRESS



Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

Z/2225M

Morris Memorial Hospital
and
Rehabilitation Center

MILTON, WEST VIRGINIA PHONE: 9801

ATTENDING ORTHOPEDIC STAFF:
A. A. Abplanalp, M. D.
R. L. Anderson, M. D.
George R. Callender, Jr., M. D.
J. Marshall Carter, M. D.
James A. Heckman, M. D.
H. M. Hills, M. D.
W. B. MacCracken, M. D.
George Miyakawa, M. D.
Harold B. Sunday, M. D.
Howard A. Swart, M. D.

HONORARY ORTHOPEDIC STAFF:
Harold H. Kuhn, M. D.
Francis A. Scott, M. D.

PEDIATRICIAN:
Marie Thomas, M. D.

ROENTGENOLOGIST:
E. W. Squire, M. D.

PATHOLOGIST:
Walter Putschar, M. D.

REHABILITATION CENTER MEDICAL DIRECTOR:
Harlan A. Stiles, M. D.

Complete Orthopedic Services
Comprehensive Rehabilitation Center Services

Laboratory
Occupational Therapy
Orthopedic Appliance Workshop
Physical Therapy
Psychological Services
Rehabilitation Nursing
Social Casework
Special Education
Surgery
X-Ray

FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

broad-spectrum therapy as good as it tastes!
TETRABON*
BRAND OF TETRACYCLINE
HOMOGENIZED MIXTURE
125 mg. tetracycline per 5 cc. teaspoonful. Bottles of 2 fl. oz. and 1 pint, packaged ready to use (no reconstitution required).
READILY ACCEPTED delightfully different fruit flavor . . .
RAPIDLY ABSORBED fine particle dispersion—therapeutic blood levels within one hour . . .
QUICKLY EFFECTIVE well-tolerated tetracycline for prompt control of a wide range of infections.
*Trademark
PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N.Y.
Pfizer

Striking relief from nausea of pregnancy

'MAREDOX'

brand Cyclizine Hydrochloride and
Pyridoxine Hydrochloride

Just one tablet a day, on rising or at night, restores the nausea-free status to most pregnant women.

Each tablet of 'Maredox' contains:
'Marezine'® brand
Cyclizine Hydrochloride . . . . . 50 mg.
Pyridoxine Hydrochloride . . . . . 50 mg.

BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York

ORAL PENICILLIN FOR *BETTER* AND *MORE CONSISTENT* ABSORPTION

"Because of the better and more consistent absorption of penicillin V from the intestinal tract, it would appear that this type of penicillin is preferable to penicillin G when oral administration is to be used."[1]

1. Martin, W. J., et al.: J.A.M.A. *160*:928 (March 17) 1956.

PEN•VEE•*Oral* and PEN•VEE *Suspension* permit new dependability in oral-penicillin therapy—dependable stability in gastric acid, dependable and optimal absorption in the duodenum. "Not being destroyed by acid in the stomach, as is penicillin G, penicillin V remains available in larger amounts for absorption."[1]

PEN·VEE* *Oral* and *Suspension*

PEN•VEE•*Oral* is Penicillin V, Crystalline (Phenoxymethyl Penicillin)
PEN•VEE *Suspension* is Benzathine Penicillin V Oral Suspension

*Trademark

Wyeth®
Philadelphia 1, Pa.

Erythromycin in the treatment of osteomyeli

8/3/55

CASE SUMMARY

On 6/2/55, patient, male, age 28, fell on an old fracture and refractured the middle third of the right femur, superimposed on an old osteomyelitis.

On 7/7/55, the wound was saucerized and a hemolytic S. aureus (coag. +) was isolated from the osteomyelitis. Disc sensitivities were: penicillin, 10 units; erythromycin, 10 mcg.; tetracycline, 10 mcg.

On 7/15, the patient was placed on erythromycin therapy 400 mgm. q. 6. h. Patient afebrile after erythromycin started. X-rays showed evidence of healing with callus formation. No septicemia and clinical evidence indicates control of the infection.

On 8/3, the cast was removed and leg recast. Wound was in good condition with minimal drainage.

Diagnosis: fracture middle third of right femur, complicated by osteomyelitis.

Result: erythromycin aided healing of the old osteomyelitis and kept the infection under control.

* *Communication to Abbott Laboratories*

pecific against

occic infections

Specific—because you can actually pinpoint the therapy for coccic infections. That's because most bacterial respiratory infections are caused by staph-, strep-and pneumococci. And these are the very organisms most sensitive to ERYTHROCIN—even when in many cases they resist other antibiotics.

filmtab®

Erythrocin®

(Erythromycin, Abbott)

STEARATE

ith little risk of

erious side effects

Low toxicity—because ERYTHROCIN rarely alters intestinal flora. Thus, your patients seldom get gastroenteral side effects. Or loss of vitamin synthesis in the intestine. Virtually, no allergic reactions, either. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), bottles of 25 and 100. Abbott

filmtab®

Erythrocin®

(Erythromycin, Abbott)

STEARATE

® Filmtab—film-sealed tablets; pat. applied for

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N. Y.

recognized

as a potent, specific anti-arthritic

established

by over 100 million patient days

substantiated

in more than 700 published reports

BUTAZOLIDIN®

(phenylbutazone GEIGY)

potent, specific anti-arthritic

Based on an impressive background of achievement attained over a period of four years involving both long-term and short-term therapy in all the major forms of arthritis, BUTAZOLIDIN is recognized as one of the most effective anti-arthritic agents currently available.

relieves pain

improves function

resolves inflammation

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before prescribing it.

GEIGY

GEIGY PHARMACEUTICALS, Division of Geigy Chemical Corporation, New York 13, N. Y.

72556

save the cigarette for later... Time was you had to wait for a local anesthetic to take hold —you waited, patient waited, nurse waited. **Now, rapid anesthesia....** Blockain* works so fast that clinicians had to describe it as "immediate" and "almost instantaneous." It's practically an understatement to call its action "rapid." **Longer anesthetic duration....** Besides being able to go to work sooner, you can work at an easier pace. Blockain lasts long enough so you can proceed from incision to closure on one injection. You finish up with a neat suture line undistorted by repeated instillations. The patient leaves uncomplaining and comfortable. ☞ *A busy clinician's experience with Blockain in fourteen cases of Colles' fracture:* A single 2-5 cc. injection of Blockain into the hematoma produced anesthesia in an average of 3 minutes 15 seconds. The average duration of these operations, closed reductions, was 25 minutes. Anesthesia persisted beyond the time required for reduction permitting splints to be applied, postreduction X-rays to be taken and the patients sent home feeling comfortable. **BLOCKAIN,** 30 cc., 0.5% (5 mg/cc.). Your office-ideal local anesthetic. For additional information write GEORGE A. **Breon** & COMPANY, 1450 Broadway, New York 18, N. Y.

*BLOCKAIN® BRAND OF PROPOXYCAINE HYDROCHLORIDE BREON.

cardiac patients have
fewer side effects
with diuresis produced
by localized renal action

PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

When acidosis is the diuretic mechanism, as with the carbonic anhydrase inhibitors and acidifying salts, widespread effects on many organs can be anticipated.
In contrast, the dependable diuresis produced by the organomercurials—resulting from enzyme inhibition localized in the kidney—avoids these extrarenal effects.

TABLET
NEOHYDRIN®
BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure
MERCUHYDRIN® SODIUM
BRAND OF MERALLURIDE INJECTION

LAKESIDE

02656

Meat...

and Its Place in the Diet in Congestive Cardiac Failure

Meat has an appropriate place in the moderate-protein, low-sodium, acid-ash diet advocated in the dietary management of patients with congestive cardiac failure.[1] When extreme sodium restriction is necessary, the meat allowance is regulated accordingly.

Lean meat allows maintenance of a positive nitrogen balance without excessive protein intake, because its amino acids match the quantity and proportions needed for tissue synthesis and repair.[2,3] In the fresh state as purchased it supplies only small amounts of sodium ranging from approximately 50 to 100 mg. per 100 grams. Due to its acid-ash composition (equivalent to 4 to 38 ml. of normal acid per 100 grams of meat) it may facilitate diuresis.[1]

In addition to these important features, meat contributes valuable nutritional factors by virtue of its generous supply of high quality protein, B vitamins, and essential minerals—iron, phosphorus, potassium, and magnesium.

Easy digestibility, a prime requisite of foods eaten by the patient with congestive cardiac failure, is another outstanding quality of meat.

---

1. Odel, H. M.: Nutrition in Cardiovascular Disease, in Wohl, M. G., and Goodhart, R. S.: Modern Nutrition in Health and Disease, Dietotherapy, Philadelphia, Lea & Febiger, 1955, p. 709.
2. Berg, C. P.: Utilization of Protein, J. Agr. & Food Chem. *3*:575 (July) 1955.
3. Best, C. H., and Taylor, N. B.: The Physiological Basis of Medical Practice, ed. 6, Baltimore, Williams & Wilkins, 1955, p. 638.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago...Members Throughout the United States

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan

Rx

Phenobarbital	¼ gr.
Warning—May be habit forming.	
Acetyl-para-aminophenol	2½ gr.
Salicylamide	3½ gr.
Hyoscyamine Sulfate	0.0004 gr.
Atropine Sulfate	0.00002 gr.
Scopolamine Hydrobromide	0.00008 gr.

-rapid acting, sustained effect

Anadol Tablets are designed to offer a balanced rational analgesic formula that will provide the maximum relief from pain possible without resorting to the opiate drugs. The analgesic effect of Anadol is achieved by a unique combination of acetyl-para-aminophenol—the active therapeutic metabolite of phenacetin—which, needing no conversion in the body, begins to exert its effect almost immediately, and salicylamide, which reaches its peak concentration in the blood more slowly. Together they form a team that produces a smooth analgesia lasting longer than either drug would provide alone. A small amount of phenobarbital is included in order to potentiate the analgesic effect[1] and to provide a moderate degree of sedation.[2] The central effect of the phenobarbital is augmented by the inclusion of hyoscyamus alkaloids, thus contributing to the allaying of tension which is often a factor to be reckoned with when pain is present in any degree. The hyoscyamus alkaloids also contribute toward the analgesic effect through their relaxing effect on the parasympathetic—innervated viscera.[3]

BIBLIOGRAPHY

1. Goodman, L., and Gilman, A.: *The Pharacological Basis of Therapeutics*, 1941, p. 244.
2. Beckman, Harry: *Pharmacology in Clinical Practice*, 1952, p. 465.
3. Supra.

ANADOL

Prompt
Long Lasting
Direct Action
Non Narcotic

100 TABLETS
1000 TABLETS
ALSO AVAILABLE WITH ¼ AND ½ GRAIN CODEINE

"WORTHWHILE PRESCRIPTION SPECIALTIES ETHICALLY PROMOTED"
PHYSICIANS PRODUCTS CO.
INCORPORATED
PETERSBURG, VIRGINIA

CLINICAL SAMPLES AND LITERATURE ON REQUEST

for preventing and treating upper respiratory infections

new!

Achrocidin*

TETRACYCLINE-ANTIHISTAMINE-ANALGESIC COMPOUND

ACHROCIDIN provides in one tablet all the drugs which are often prescribed separately for the prevention and treatment of cold complications—conditions such as otitis, adenitis, sinusitis, and others.

This comprehensive formula 1) provides potent therapeutic and prophylactic action against a wide variety of infective organisms, 2) relieves pain and discomfort, 3) depresses fever, 4) alleviates nasal congestion.

Available on prescription only

Each tablet contains:

ACHROMYCIN® Tetracycline.....	125 mg.
Phenacetin.....	120 mg.
Caffeine.....	30 mg.
Salicylamide.....	150 mg.
Chlorothen Citrate.....	25 mg.

Bottle of 24 tablets.

Average adult dose: 2 tablets, 4 times daily

Lederle

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*TRADE-MARK

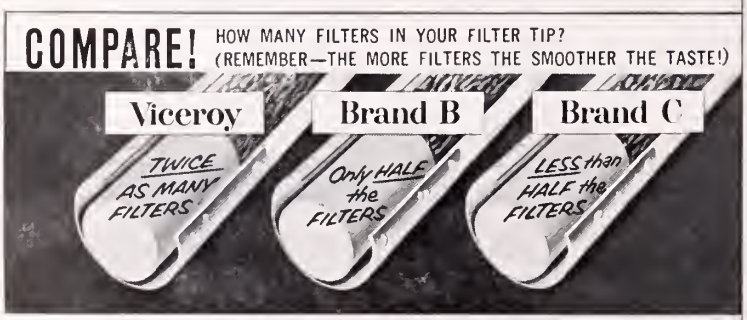
HERE'S WHY SO MANY DOCTORS NOW SMOKE AND RECOMMEND

VICEROY

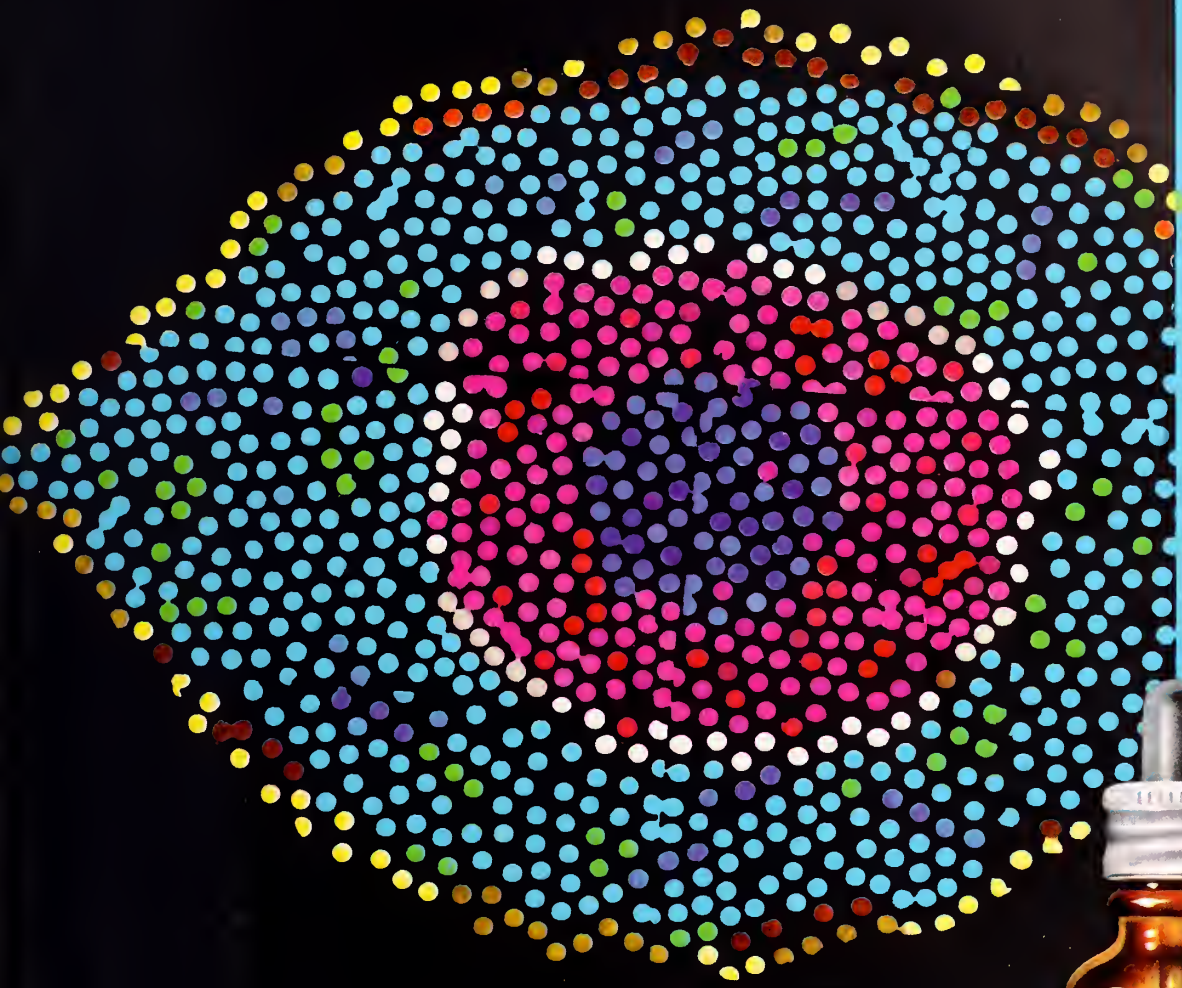
Twice as Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS

For the Smoothest Taste in Smoking!



VICEROY'S EXCLUSIVE FILTER IS MADE FROM PURE CELLULOSE—SOFT, SNOW-WHITE, NATURAL!



widest
approach
to
eye disorders

combines prednisolone and sulfacetamide
antibacterial
antiallergic
anti-inflammatory

also available as METIMYD Ointment with Neomycin

METIMYD,* brand of prednisolone acetate and sulfocetomide sodium.
*T.M.

MM-J-2-456

perfect
fusion
for
sharp
focus
in
eye disorders

- infection
- inflammation
- injury
- allergy

Sodium SULAMYD,® brand of Sulfacetamide Sodium U.S.P.
METIMYD,* brand of prednisolone acetate and sulfacetamide sodium.
CORTICLORON,® brand of cortisone acetate and chlorprophenpyridamine preparations.

*T.M

MM-J-1-456

THE CINCINNATI SANITARIUM

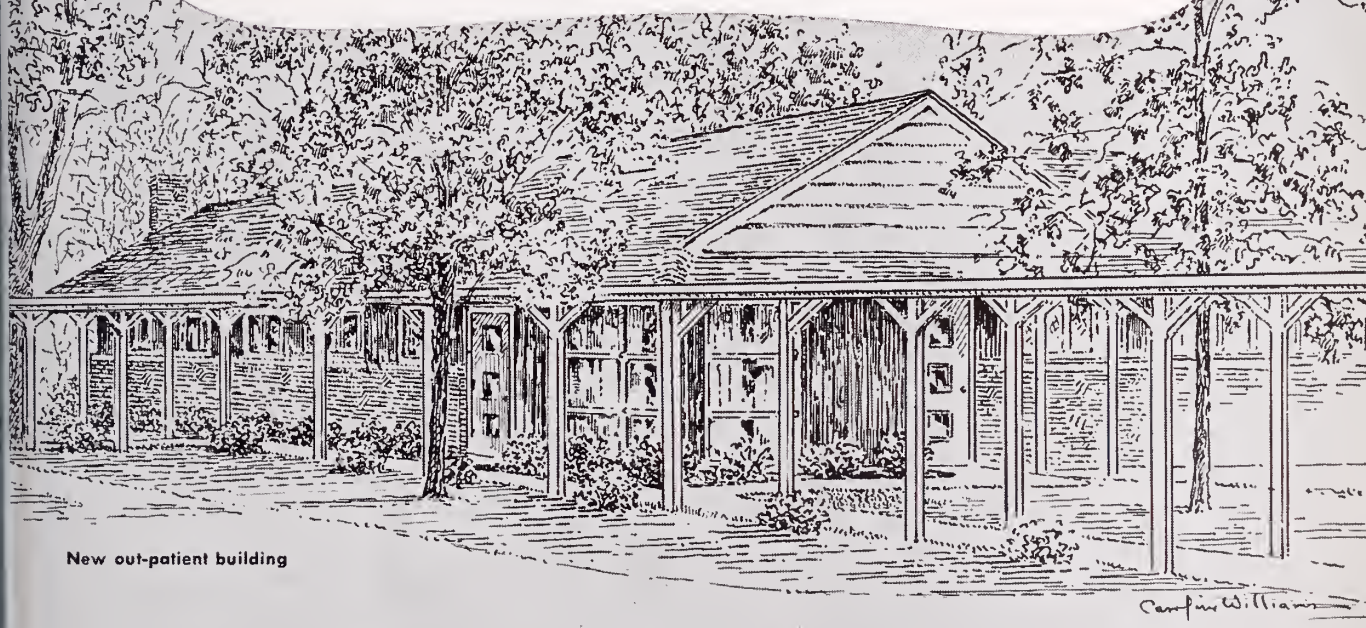
ESTABLISHED 1873

A Private Psychiatric Hospital Offering Modern Diagnostic and Treatment Procedures

- Equipped to provide all modern and accepted methods of treatment.
- Ample classification facilities with qualified psychiatric nursing.
- Complete occupational therapy and recreation activities.
- Rest Cottage, a separate department for mild neurotic problems and the convalescent.

OUT-PATIENT DEPARTMENT LOCATED IN A COMPLETELY NEW BUILDING

OWEN C. CLARK, M.D. . . . Medical Director
W. N. WRIGHT, M.D. . . . Psychiatrist in Residence
HENRY GRUENER, M.D. . . . Physician in Residence
DOUGLAS A. JOHNSTON, M.D. . . . Medical Director Emeritus
ISABELLE DAULTON, R.N. . . . Director of Nursing
GRACE SPINDLER, R.N. . . . Assistant Director of Nursing
ELLIOTT OTTE . . . Business Administrator



New out-patient building

write for descriptive booklet

THE CINCINNATI SANITARIUM

5642 HAMILTON AVENUE, Cincinnati 24, Ohio

Telephone KIrby 1-0135 KIrby 1-0136

Introducing

A.P.C. WITH Demerol® Tablets

for more efficient

CONTROL OF *Pain*

Each tablet contains:

Aspirin	200 mg.	(3 grains)
Phenacetin	150 mg.	(2½ grains)
Caffeine	30 mg.	(½ grain)
Demerol hydrochloride	30 mg.	(½ grain)

Average Adult Dose: 1 or 2 tablets
repeated in three or four hours as needed.

Bottles of 100 tablets. *Narcotic blank required.*

"Such a combination has proven clinically to be far more effective and no more toxic than equivalent doses of any of these used singly."*

Winthrop LABORATORIES
NEW YORK 18, N. Y.

*Bonica, J.J.; and Backup, P.H.: Northwest Med., 54:22, Jan. 1955.

Demerol, trademark reg. U. S. Pat. Off., brand of meperidine

From the Literature

"... the most effective antihypertensive agent available."[1]

"... a simple and safe regimen for the ambulatory management of hypertensive patients."[2]

"... reduction of the blood pressure may be achieved in substantially all forms of hypertension."[3]

"... possible in most patients to get a good control over blood pressure levels with comparatively few side-effects."[4]

"... significant falls ... occurred in systolic and diastolic blood pressure. ... The cardiac, retinal and coronary status of all patients was improved."[5]

1. Moser, M.: New York State J. Med. 55:1999 (July 15) 1955. 2. Agrest, A., and Hoobler, S.W.: J.A.M.A. 157:999 (March 19) 1955. 3. Smirk, F.H.: Am. J. Med. 17:839 (Dec.) 1954. 4. Smirk, F.H., and McQueen, E.G.: J. Chron. Dis. 1:516 (May) 1955. 5. Waldman, S., and Pelner, L.: Am. J. M. Sc. 231:140 (Feb.) 1956.

ANSOLYSEN®

TARTRATE

Pentolinium Tartrate

Lowers Blood Pressure

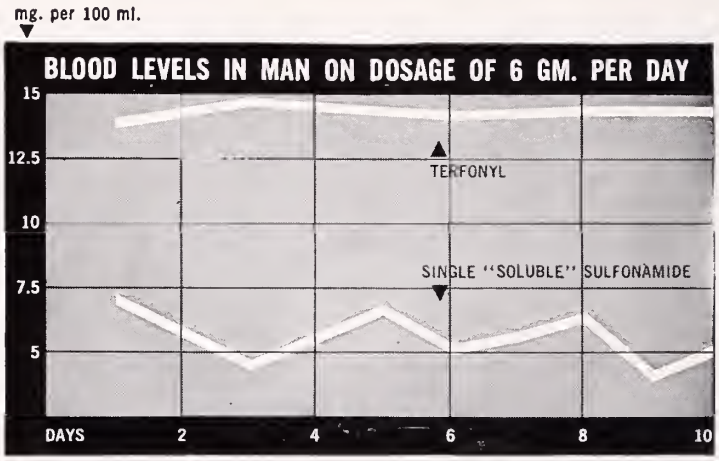
Wyeth®

Philadelphia 1, Pa.

maximum efficacy with minimum risk

Terfonyl

SQUIBB METH-DIA-MER SULFONAMIDES



— After Lehr, D., Modern Med. 23:111 (Jan. 15) 1955.

Terfonyl is absorbed as well as single "soluble" sulfonamides, but is eliminated at a slower rate. For this reason, Terfonyl blood levels are much higher.

In experimental infections (Klebsiella, Pneumococcus, Streptococcus), Meth-Dia-Mer sulfonamides have been shown to be from three to four times more effective on a weight basis than single "soluble" sulfonamides.

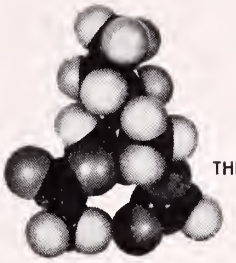
Toxicity is minimal because normal dosage provides only one-third the normal amount of each sulfonamide. The body handles each component as though it were present alone, although therapeutic effects are additive.

Terfonyl Tablets, 0.5 Gm., bottles of 100 and 1000.
Terfonyl Suspension, 0.5 Gm. per 5 ml., pint bottles.

0.167 Gm. each of sulfamethazine, sulfadiazine and sulfamerazine per tablet or per 5 ml. teaspoonful of suspension.

SQUIBB

'TERFONYL'® IS A SQUIBB TRADEMARK



THE MILTOWN MOLECULE

A tranquilizer well suited for prolonged therapy

NO ORGANIC CONTRAINDICATIONS

reported to date

- well tolerated, non-addictive, essentially non-toxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

Miltown®

THE ORIGINAL MEPROBAMATE

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U. S. Patent 2,724,720

SUPPLIED: 400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.

Literature and Samples Available on Request

new dimensions in the treatment of seve

broadens benefits

- rapid control of allergic sneezing, lacrimation, nasal congestion; relief of pruritus, edema and erythema
- up to 5 times more effective than oral hydrocortisone, milligram for milligram

narrows side effects

- minimizes incidence of fluid and electrolyte disturbance
- dietary regulation usually unnecessary

lengthens established gains

- permits a smoother, undisturbed regimen
- extends and maintains benefits to more patients

ay fever and other difficult allergies...

METICORTEN

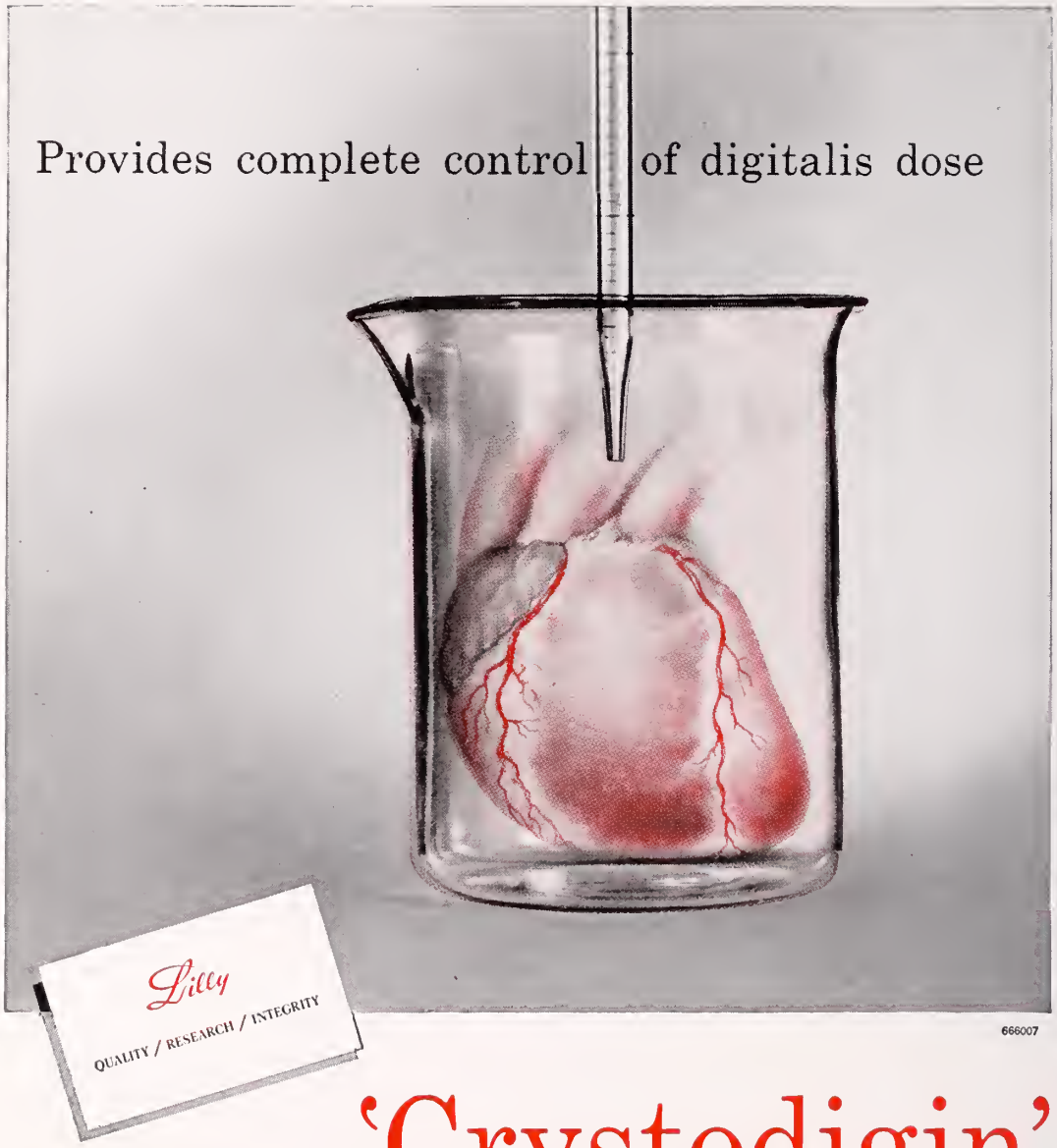
(PREDNISONE)

for outstanding hormonal control
with minimal electrolyte disturbances

n hay fever and other respiratory allergies,
contact dermatitis and allergic eczemas,
drug and other allergic reactions,
allergic and inflammatory eye disorders

METICORTEN,* brand of prednisone.
1, 2.5 and 5 mg. tablets. *T.M. MC-J-3086

Schering



'Crystodigin'

(CRYSTALLINE DIGITOXIN, LILLY)

. . . . . permits accurate dosage titration to produce the maximum therapeutic effect

Available in scored tablets of 0.05 mg. (orange), 0.1 mg. (pink), 0.15 mg. (yellow), and 0.2 mg. (white); and in 1-cc. and 10-cc. ampoules, 0.2 mg. per cc.

Since initial digitalization and maintenance dosage must be carefully individualized, 'Crystodigin' fulfills the important requirements of a preferred digitalis. 'Crystodigin' is a crystalline-pure, uniformly potent single glycoside that is completely absorbed in the gastro-intestinal tract. With 'Crystodigin,' the maximum therapeutic effect can be safely determined by dosage titration in increments as small as 0.025 mg.

80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

CORRECTS MOST TYPES OF CONSTIPATION

Metamucil®
Blends with the Intestinal Contents, Soothes the Mucosa

Metamucil is highly refined; it stimulates the bowel musculature, not the mucosa.

When you specify Metamucil in constipation management you are selecting a product which has been made at least 99.6 per cent pure through a complete process of refinement.

All possible irritants (rough parts of the psyllium seed, undesirable oils and similar materials) are discarded during the refining process. A relatively small quantity of purified mucilloid powder is the result. To this is added an equal weight of pure anhydrous dextrose to insure complete dispersion in the colon.

Such meticulous preparation assures that only the bulk-producing mucilloid portion of the psyllium seed remains and that Metamucil will act as a purely "physiologic" constipation corrective, providing bland distention to stimulate the bowel muscularis.

The Metamucil mixture (formed by adding water to Metamucil) elicits gentle colonic reflex peristalsis. Evacuations are normally formed and are not irritating. The bowel stimulation imparted by Metamucil is only sufficient to clear the colon of its contents; patients are not annoyed by the repeated diarrheal evacuations that result from mucosal irritation by drastic cathartics.

The blandness of Metamucil makes it an ideal choice for constipation associated with a soft diet, constipation of pregnancy and in the aged and as an aid in reestablishing normal bowel habit after anorectal surgery. Daily use of Metamucil for a limited time will often return an atonic colon to normal function.

Metamucil® is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent. It is supplied in containers of 1 pound—also 4 ounces and 8 ounces.

G. D. Searle & Co., Chicago 80, Illinois, Research in the Service of Medicine.

SEARLE

The Month in Washington

In terms of actual health bills passed and sums of money appropriated, the 84th Congress which ended just a few weeks in advance of party presidential conventions undoubtedly set some records. Measures ranged from the far-reaching program of disability cash payments to a bill for the commissioning of male nurses in the armed services.

In between are a wide variety of measures which, in the opinion of Secretary Folsom, of the Department of Health, Education, and Welfare, give "promise of immediate and substantial progress on a wide front in the improvement of the nation's health."

Both Mr. Folsom and President Eisenhower deplored the fact that Congress had not acted on their plan for federal aid to medical schools, but Congress decided this was one of the subjects that needed more study before taking any further action. In addition, Mr. Folsom expressed disappointment that nothing had been done on authority for pooling arrangements among small health insurance companies and the long-dormant plan for a health reinsurance fund.

On medical research funds, the administration this session asked for the largest amount of money ever requested in one year. The appropriation finally voted was even larger, some $170 million. On top of this, Congress in its final hours appropriated nearly $80 million to carry out new legislation just passed.

Here are the highlights of major health bills approved by the 84th Congress:

Social Security Amendments—Changes in the 21-year-old social security law now includes (1) Old Age and Survivors Insurance payments to disabled workers at age 50, paid from a "separate" fund, (2) extension of social security to some 250,000 dentists, lawyers, osteopaths and other self-employed persons, (3) lowering of retirement age for social security purposes for women from 65 to 62, (4) earmarked payments for medical care of public assistance recipients, and (5) increase of payroll deductions by one half of 1 per cent and three eighths of 1 per cent for the self-employed.

Laboratory Research Facilities—The Hill-Bridges bill for $90 million in constructions grants over three years to public and non-profit institutions to erect research facilities started out in the Senate as a bill to aid research in crippling and killing diseases but wound up for research in all "sciences related to health."

Health Amendments Act——The so-called little omnibus health bill provides for federal grants for training of public health specialists, professional nurses qualified for teaching and administrative jobs and for practical nurses—plus a two-year extension beyond next July 1 of the 10-year-old Hill-Burton hospital program, and special projects grants for mental health studies and demonstrations.

• From the Washington office of the American Medical Association.

Medical Care for Military Dependents—A long-sought goal of the Defense Department was enactment of a permanent program of medical care for dependents of armed services personnel either in military hospitals and clinics or through private sources. It is scheduled to begin early in December.

National Library of Medicine—Another proposal long in the making was the reestablishment of the Armed Forces Medical Library as the National Library of Medicine. For administrative purposes, Congress put it under the Department of HEW, but left up to the 17-man board of regents the selection of site—in all likelihood in the Washington area.

Sickness Survey—Special and continuing surveys on the extent of illness and disability in the United States, along with medical care being offered have been authorized—the first detailed study of its kind in over 20 years. The work will be done by the Public Health Service.

Water Pollution Control—The PHS is authorized to make grants to states and communities to help in construction of sewage disposal plants, at the rate of $50 million a year for 10 years.

Other measures signed into law by the President included establishment of a mental health program for Alaska and budget increases for additional staff for the Food and Drug Administration, along with a new headquarters building for modern laboratories.

Miscellaneous

The new surgeon general of the PHS is Dr. Leroy E. Burney, a career officer in the commissioned corps and for 10 years commissioner of health for the state of Indiana. Until his nomination by the President he was deputy chief of the PHS Bureau of State Services. Dr. Burney received his medical degree from Indiana University.

The federal government withdrew from the allocation of the Salk poliomyelitis vaccine just 15 months after the first release of the vaccine, but federal grants to states to help finance inoculation program continue.

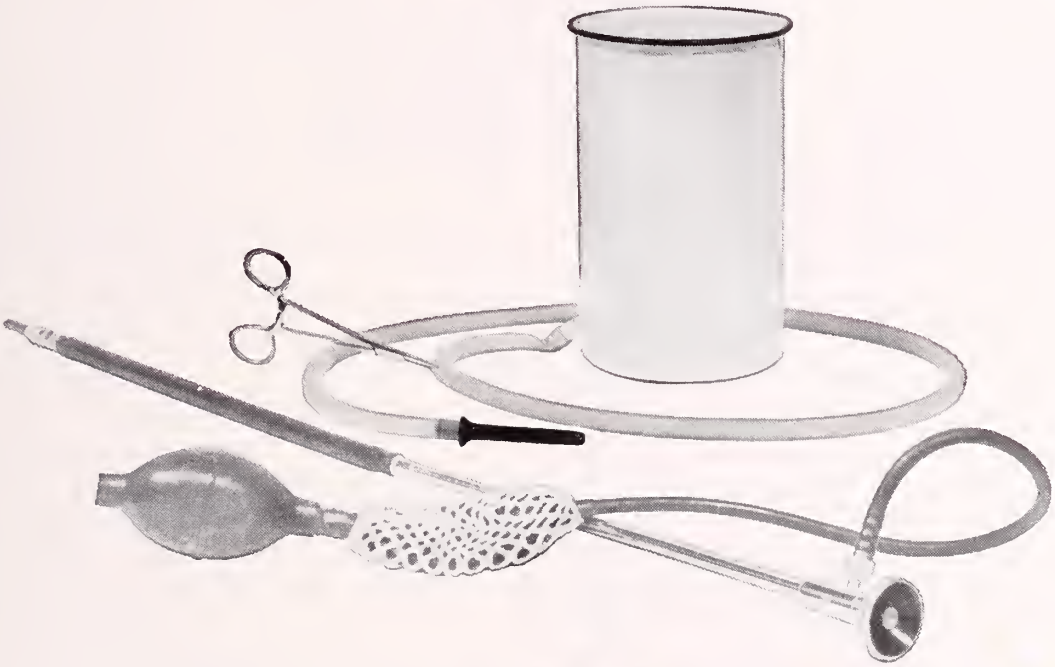
In preparation for a national blood bank directory, the Joint Blood Council with headquarters in Washington launched a nation-wide survey September 1 of all blood banks.

. . . part of *every illness*

ANXIETY

is part of

GASTROINTESTINAL DISORDERS



In every patient . . .
a valuable adjunct
to the customary therapy

Supplied: Tablets, 400 mg., bottles of 50.
Usual Dose: 1 tablet, t.i.d.

Wyeth®
Philadelphia 1, Pa.

*Trademark

Equanil®*

MEPROBAMATE
(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)
Licensed under U.S. Patent No. 2,724,720

anti-anxiety factor with muscle-relaxing action

Ideal for Wintrobe Hematocrit Test

ADAMS SAFETY-HEAD CENTRIFUGE

You can make VPRC determinations in your own office with an Adams Safety-Head Centrifuge. Its speed settings conform to RCF figures outlined in the test's original directions, thus avoiding dangers of error due to centrifuging on different machines.

NOTE THESE OTHER FEATURES:

- **Permonently lubricated.**
- **Compact, lightweight.**
- **Angle principle for faster and mare complete sedimentotion.**
- **Aluminum olloy heod, precision mochined.**
- **4830 R.P.M. maximum speed with full load on A.C.; 5890 on D.C.**
- **"Off" position on rheostat — allows for continuous speed control.**
- **Rubber suction feet prevent creeping.**
- **Holds six 15-ml tubes; can be used for micro and semi-micro work.**

ADAMS SAFETY-HEAD CENTRIFUGE, complete with safety cap, underguard, brass shields and heavy-duty glass tubes, each **$96.00**

KLOMAN INSTRUMENT CO., INC.

1012 Quarrier Street

Charleston 1, West Virginia

Obituaries

CHARLES WILLIAM HOLDREN, M. D.

Dr. Charles William Holdren, 88, of Athens, died at his home in that city July 17, 1956. Death was attributed to a heart attack suffered in his sleep.

Doctor Holdren was born at Elgood, October 11, 1867, son of the late Samuel Lacey and Dorcas (Blankenship) Holdren.

He graduated from Concord College, Athens, and received his M. D. degree from the Johns Hopkins University School of Medicine, Baltimore. He had practiced medicine in Plymouth District for more than 50 years before retiring, having moved to Athens from Pipestem in 1924.

He is survived by a son, Sam Holdren, and a daughter, Mrs. Alice Casey, both of Athens; a brother, Greeley Holdren of Glen Lyn, Virginia; and a sister, Mrs. Estelline Thompson of Elgood.

* * * *

GEORGE PARK, M. D.

Dr. George Park, 55, of Blacksville, died July 7, 1956, at his home in that city following a heart attack.

Doctor Black was born in Monongalia County, May 29, 1901, son of the late Reason D. and Amanda (Freeland) Park. He received his M. D. degree from Jefferson Medical College of Philadelphia. He had engaged in general practice in Blacksville for the past 20 years.

"...in patients with moderately severe and severe cardiac failure, neohydrin is the oral diuretic of choice."*

*Moyer, J. H., and others: J. Chronic Dis. 2:670, 1955.

03056

HORMOGEN R-A (Rapid Action)

HORMOGEN R-A (Rapid Action) combines the fast action of water-soluble Potassium Estrone Sulfate with the prolonged action of water-insoluble Estrone. Patient is gratified by the immediate relief and you have immediate insight into the effectiveness of the medication. Because of prolonged action, injections can be spaced 3 to 7 days apart.

HORMOGEN R-A: Aqueous suspension in 10 cc. multiple dose vial: each cc. represents Estrone U.S.P. 2 mgs., Potassium Estrone Sulfate 1 mg.

INDICATIONS: Menopause syndrome, for control of uterine bleeding of endocrine origin, senile vaginitis, kraurosis vulvae and puritis vulvae.

DOSAGE: ½ cc. to 1 cc. once or twice a week.

Write for Literature

There's Always A Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

"BEING DISPENSED BY MORE AND MORE PHYSICIANS EVERY DAY"

The New

KYLBAC VAGINAL DOUCHE POWDER

—CONTAINS—

KYLBAC (a quaternary ammonium compound)	5%
Boric Acid U. S. P.	50%
Magnesium Sulphate, Dried U. S. P.	45%

DIRECTIONS: **One to two teaspoonsful to one quart of warm water as a vaginal douche.**

♦

A VAGINAL DOUCHE POWDER INCORPORATING THE HIGH BACTERICIDAL AND DEODORANT PROPERTIES OF KYLBAC IN A CLEANSING AND DEPLETING DOUCHE.

♦

Supplied in 3 ozs. and 6 ozs. packages

♦

Literature and Samples Supplied to Physicians on Request

♦

28 Years of Service — 1928-1956

♦

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

Book Reviews

THE ROCHESTER REGIONAL HOSPITAL COUNCIL—By Leonard S. Rosenfeld, M. D., M.P.H., Director, Medical Care Evaluation Studies of the United Community Services of Metropolitan Boston, and Henry B. Makover, M. D., Medical Director, Central Manhattan Medical Group, and Professor of Preventive and Environmental Medicine at the Albert Einstein College of Medicine, Yeshiva University, New York. (A Commonwealth Fund Book). Pp. 204. Harvard University Press, 44 Francis Avenue, Cambridge, Mass. 1956. Price $3.25.

This very interesting little book is an objective report of the organization and operation of the Rochester Regional Hospital Council. The study was made by the authors under the guidance of an impartial outside agency, the Institute of Administrative Medicine of Columbia University School of Public Health.

The Rochester Regional Hospital Council was organized in 1946 in an attempt to learn how and to what extent a voluntary organization of hospitals might result in improvement of quality of services and more efficient use of the region's medical facilities.

The area covered by the plan includes 11 counties in New York state with an area of 6,836 square miles and a population (in 1950) of just over 958,000. Within this area there are 34 general hospitals (other than federal), 10 special hospitals, and 1427 physicians. The 11 counties in the area show considerable variation in character of population, occupation, etc. Since the

Shoe Last designed to the shape of average normal foot★

- Insole extension and wedge at inner corner of heel where support is most needed.
- The patented arch support construction is guaranteed not to break down.
- Innersoles guaranteed not to crack or collapse.

★ Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.

- Conductive Shoes for surgical and operating room personnel. N.B.F.U. specifications.
- We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

One of the Five Patient Units

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

Harrison S. Evans, M. D., Medical Director
George T. Harding, M. D., President of Board
L. Harold Caviness, M. D., Clinical Director
Charles W. Harding, M. D.

TELEPHONE: Columbus TUxedo 5-5381

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Chorleston:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

324 Medical Arts Building
Harry Winstan, Manager
Phone 6-0781

Huntington:

PHYSICIANS AND DENTISTS BUSINESS BUREAU

731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING, AUDITING, TAX RETURNS

the Emblems of RELIABLE PROTECTION

We cordially invite your inquiry for application for membership which affords protection against loss of income from accident and sickness as well as benefits for hospital expenses for you and all your dependents.

ALL PREMIUMS COME FROM PHYSICIANS SURGEONS DENTISTS ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

Since 1902

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

council has been in operation for about eight years it was felt that an objective impartial survey of the activities might be of value to persons in other areas interested in promoting better use of health facilities.

The first 50 pages are concerned with a description of the area and the composition and organization of the council. There follows approximately 50 pages, describing the program of education sponsored by the council. In the field of medical education the program has included clinical conferences, post-graduate courses, fellowships and other activities. There are also formal programs of continuing education for hospital administrators, nurses and other hospital personnel such as record librarians, accountants and laboratory technicians. The only non-professional (lay) education program undertaken by the council has been along the line of education of the trustees of the various hospitals in the problems of hospital operation.

One chapter describes the ways in which the council has been helpful in directly improving hospital service. These have included advisory and consultative service and a pooling of information as to actual operating methods in the area as a whole. This assembled information was particularly valuable for the smaller or less efficiently operated hospitals. Another technique for improving hospital administration was in the provision of cooperative services throughout the area, involving such techniques as central purchasing, uniform accounting, credit and collections and duplicating services.

The council in its work has not neglected the field of research, and some interesting studies have been published along various clinical and administrative lines.

This book is a very excellent objective description of how the Rochester Council has operated and should be of great interest to all who are concerned with making the most efficient use of present and projected future health service facilities.—Clark K. Sleeth, M. D.

* * * *

ELECTROCARDIOGRAPHY—Fundamentals and Clinical Application—By Louis Wolff, M. D., Assistant Clinical Professor of Medicine, Harvard Medical School, Boston, Mass. Pp. 342, with 199 figures. Second Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $7.00.

Doctor Wolff's new edition of his textbook on electrocardiography is a marked improvement over the previous one published in 1950. It is divided into three parts, i. e., (1) The Basic Principles of Electrocardiography, (2) Clinical Electrocardiography, and (3) The Arrhythmias.

Electrocardiography is a very difficult subject to present to the beginner. The elementary principles are difficult to comprehend because of the precision methods involved. A working knowledge of elementary electricity and mathematics is essential. It is for this reason that it takes so much time for the student to grasp these concepts.

The author has presented the subject in an interesting manner, and he is to be complimented on the inclusion of the vector concept of electrocardiography, which type of interpretation is easiest to learn and master.

Any physician interested in electrocardiography would we well rewarded for the time and effort expended in reading this volume.—I. E. Buff, M. D.

'LANOXIN'
brand

DIGOXIN

formerly known as Digoxin 'B. W. & Co.'®

The new name has been adopted
to make easier for everyone
the distinction between
Digoxin and Digitoxin.

Now simply write: 'Lanoxin' Tablets 0.25 mg. or 0.5 mg.
'Lanoxin' Elixir Pediatric, or
'Lanoxin' Injection

to provide the unchanging safety and predictability afforded by the uniform potency, uniform absorption, brief latent period and optimum rate of elimination of this crystalline glycoside.

Tablets: *0.25 mg. (white) and 0.5 mg. (green)*
Elixir Pediatric: *0.05 mg. in each cc.*
Ampuls: *0.5 mg. in 2 cc.*

BURROUGHS WELLCOME & CO. (U.S.A.) INC., *Tuckahoe, New York*

MONODRAL® WITH MEBARAL®

ANTICHOLINERGIC • SEDATIVE

in peptic ulcer management

- relieves pain promptly
- reduces tension safely
- tranquilizes without dulling
- well tolerated
- promotes healing
- maintains anacidity for hours
- controls hyperactivity of upper gastro-intestinal tract

MONODRAL with MEBARAL—the "psychovisceral stabilizer"—provides for patients with ulcer and gastro-intestinal spasm an effective barrier against the impact of environmental stimuli . . . controls gastric hypersecretion and hypermotility for three and one half to five hours.*

EACH TABLET CONTAINS:
MONODRAL bromide..... 5 mg.
MEBARAL.....32 mg.

DOSAGE: 1 or 2 tablets three or four times daily.
Available on prescription only.
Bottles of 100 tablets.

Winthrop Laboratories New York 18, N. Y.

Monodral (brand of penthienate) and Mebaral (brand of mephobarbital), trademarks reg. U. S. Pat. Off.
*References and clinical trial supplies available on request.

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Haward A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Jael Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
Generol Surgeon
Victar S. Skaff, M. D.

Plostic Surgeon
Clyde L. Litton, M. D.
Pediotricion
Mary V. Gallagher, M. D.
Medicol House Physicion
Arthur K. Lamptan, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy ond Otoloryngology
James T. Spencer, M. D.
Pothology
Walter G. J. Putschar
Administrotor
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Secand and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

Two New Motion Pictures Released by AMA

Two motion pictures which will be of interest to members of compoent county medical societies in West Virginia have been released by the film Library of the American Medical Association.

One of the films is a 30-minute color movie designed to acquaint physicians with the services and activities of the parent organization. Entitled "The Case of the Doubting Doctor," the film was prepared primarily for medical society meetings and will be ready for distribution this month. It gives the physician a thorough insight into the activities of the AMA, and describes how both the physician and the public benefit from these services.

Another film, entitled "On Impact," has been released jointly by the American Medical Association and the Ford Motor Company. The 15-minute sound picture portrays the part being played by the medical profession in the prevention of automobile crash injuries. It is based on scientific information about automobile injuries presented at the AMA's annual meeting last June.

Prints of "On Impact" have been sent to all television stations in the United States for possible use on public service time. This film, along with "The Case of the Doubting Doctor," can be booked from the AMA's Film Library by county medical societies for showings at their meetings.

organomercurial diuretics "...permit ingestion of enough salt to make food palatable; without them, many patients would lose their appetites, a consequence of the salt-free diet which has occasionally been known to cause serious malnutrition."*

*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

03156

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

1957 Van Meter Prize Awarded

The American Goiter Association again offers the Van Meter Prize Award of $300.00 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association which will be held at the Hotel Statler in New York City, May 28-30, 1957, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations, should not exceed 3,000 words in length and must be presented in English. Duplicate typewritten copies, double spaced, should be sent to the Secretary, Dr. John C. McClintock, 149½ Washington Avenue, Albany 10, New York, not later than January 15, 1957. The manuscripts will be reviewed by a committee composed of men well qualified to judge the merits of the competing essays.

A place will be reserved on the program of the annual meeting for the presentation of the winning essay by the author if it is possible for him to attend. The essay will be published in the annual proceedings of the Association.

If you confer a benefit, never remember it; if you receive one, never forget it.—Cicero.

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Davenmuehle, MD: Consultant In Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
CHARLES T. MEADOWS, M. D., Surgery
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street **Charleston, W. Va.**

EVERY WOMAN WHO SUFFERS IN THE MENOPAUSE DESERVES "PREMARIN"®

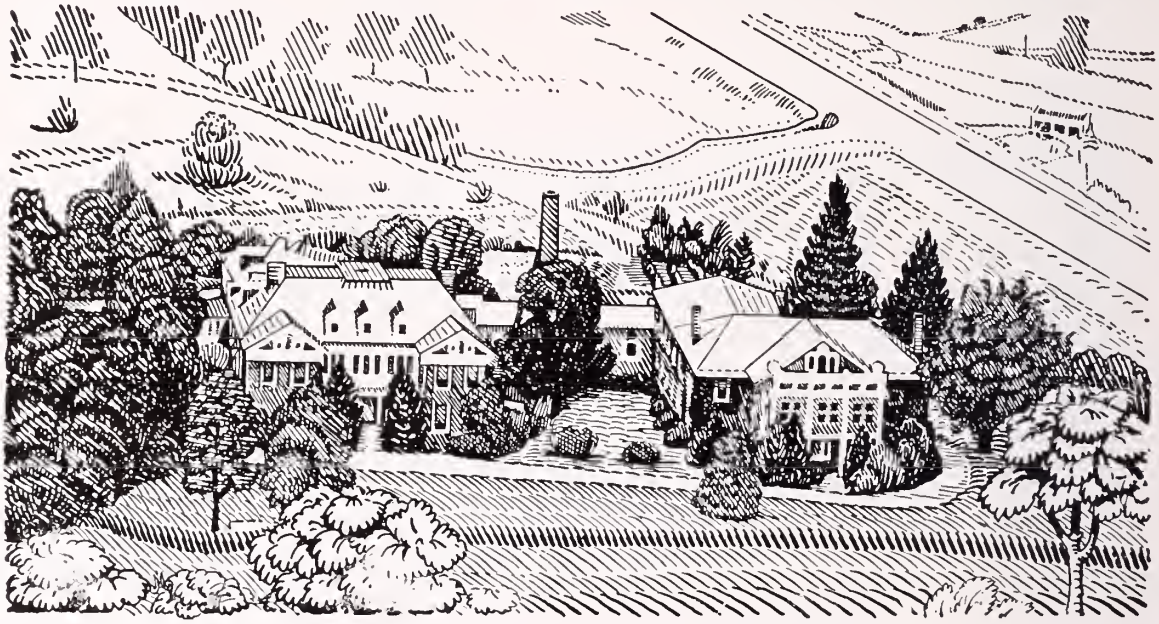
widely used natural, oral estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5645

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITA

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwaod, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Ronkin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Janes, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.
D. A. MacGregor, M. D.
Albert M. Valentine, M. D.

Neurology and Psychiatry:
Albert L. Wonner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. **CINCINNATI 2, OHIO**

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Rager S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE
YOU COMPLETELY
PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

♦

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

♦

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

Directory of Physicians in Limited Practice

Advertising space in the Directary af Physicians in Limited Practice may be had by cammunicating with Mr. Charles Lively, Business Manager af the West Virginia Medical Jaurnal, Bax 1031, Charlestan 24, W. Va. The cast is one dallar per manth, ar ten dallars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
North Building, 1029 Virginia Street, East
Charleston, W. Va.
Phones: Off. 3-5472, Res. 2-8517

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Dermatology and Corrective Surgical Planing of Skin
(Kurtin Technique)
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

This Space for Sale

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
Diplomate American Board of Neurological Surgery
803 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, Whg. 478; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
CARL J. RONCAGLIONE, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
Phone 2-4493
1210 Virginia St., E. — Charleston, W. Va.

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1112 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
412 Medical Arts Bldg. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

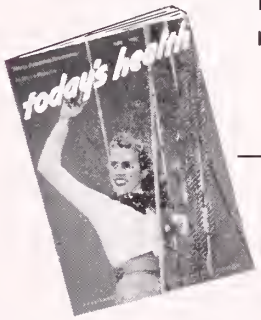
WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!
for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

SEPTEMBER ADVERTISERS

Abbott ... xvi, xvii
American Health Insurance Corp. ... ix
American Meat Institute ... xxii
Ayerst Laboratories ... xlvii

Bayer Company ... xviii
Breon, George A., & Co. ... xx
Broaddus Hospital ... xlvi
Burroughs Wellcome ... x, xiv, xliii

Charleston Engraving Company ... xlvii
Ciba Pharmaceutical Products ... xii
Cincinnati Sanitarium ... xxvii

Daniel Boone Hotel ... l

Feick Brothers ... l
Foot-So-Port Shoe Co. ... xl

Geigy Pharmaceuticals ... xix

Harding Sanitarium ... xli

Keeley Institute ... xlvi
Kloman Instrument Company ... xxxviii
Knox Gelatine Co. ... xi

Lakeside Laboratories ... xxi, xxxix, xlv
Lederle Laboratories ... xxv, 296, 297
Lilly, Eli and Company ... *Front Cover*, xxxiv

Mallard, Inc. ... xxxix
Marmet Hospital ... xliv
McMillen Sanitarium ... l
Medical Arts Supply Co. ... xl
Merck Sharp & Dohme ... vi, vii
Morris Memorial Hospital ... xii
Myers Clinic ... xlvii

Parke, Davis & Company ... ii, iii
Patton Adjustments, Inc. ... liv
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ... xiii
Physicians Casualty and Health Association ... xlii
Physicians and Dentists Business Bureau ... xli
Physicians Products Co. ... xxiv

St. Albans Sanitorium ... xlviii
Schering ... viii, *Insert (2)*, xxxii, xxxiii
Searle, G. D. & Co. ... xxxv
Smith, Kline & French Laboratories ... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. ... xxx

Upjohn ... xxiii

Viceroy Cigarettes ... xxvi

Wallace Laboratories ... xxxi
Westbrook Sanatorium ... xlv
Wheeling Clinic ... xlix
Winthrop Laboratories, Inc. ... xxviii, xliv
Wocher's, Max ... xlix
Wyeth, Inc. ... v, xv, xxix, xxxvii

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

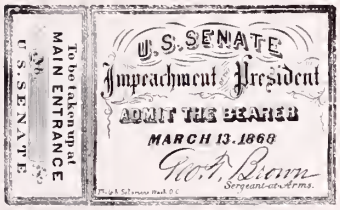
THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

"I looked down into my open grave"



FAC-SIMILE OF TICKET OF ADMISSION TO THE IMPEACHMENT TRIAL

"MR. SENATOR ROSS, HOW SAY YOU?"

In the deathly silence of the Senate chamber, the freshman Senator from Kansas looked down, as he put it, into his own grave.

On deliberately trumped-up charges, the bitterly fanatic leaders of Ross's party were trying to vote President Johnson out of office—because Johnson stood between them and their revenge on the defeated South.

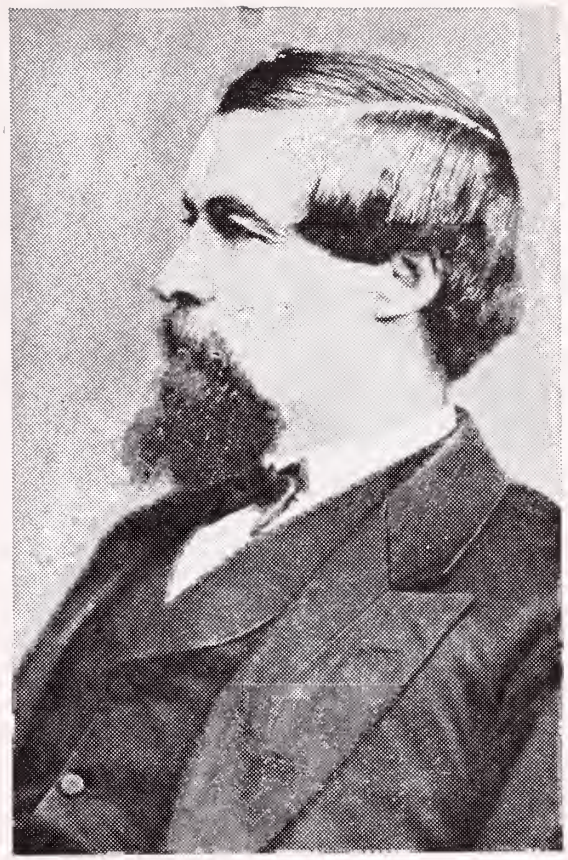
Ross, they knew, also disliked Johnson and wanted to punish the South. But, taking no chances, they had warned him to vote "guilty" or face political suicide.

And now, on that historic May morning in 1868, the verdict had come to hang completely on his vote. First falteringly, then loudly, he gave it: "*Not guilty!*"

That was sheer moral principle speaking. Edmund Ross refused to join a move he thought would wreck the historic powers of the Presidency. For this, he lost his future, lost his good name, and saved for himself only what he had saved for everyone: our democracy.

Into the whole fabric of American democracy is woven the steel-tough moral fiber of men like Edmund Ross. Braver even than battle courage, it has helped America become strong in many ways. So strong, that, today, one of the world's greatest guarantees of security is U. S. Savings Bonds.

For it is not American principal, but American principles, that back these Bonds. So, for yourself and your country, invest in United States Savings Bonds regularly. And hold on to them.



It's actually easy to save—when you buy Series E Savings Bonds through the Payroll Savings Plan. Once you've signed up at your pay office, your saving is done *for you*. The Bonds you receive pay good interest—3% a year compounded half-yearly when held to maturity. And the longer you hold them, the better your return. Even after maturity, they go on earning 10 years more. So hold on to your Bonds! Join Payroll Savings today—or buy Bonds where you bank.

Safe as America – U.S. Savings Bonds

PUBLIC SERVICE ADVERTISING COUNCIL

The U. S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

"... a highly effective antiemetic
and is safe for use in children."[1]

THORAZINE* *chlorpromazine, S.K.F.*

The safety and effectiveness of 'Thorazine' for control of vomiting in children has been confirmed by a number of clinicians.

Results in refractory cases have been particularly dramatic.[1-5]

'Thorazine' is available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

'Thorazine' should be administered discriminately; and, before prescribing, the physician should be fully conversant with the available literature.

Pediatric Bibliography

1. Wikler: The Use of Chlorpromazine as an Anti-emetic in Children, Arch. Pediat. *72*:197 (June) 1955.
2. Daeschner et al.: Chlorpromazine in the Control of Vomiting in Children, Am. J. Dis. Child. *89*:525 (May) 1955.
3. Steigman and Vallbona: Chlorpromazine, A Useful Antiemetic in Pediatric Practice, J. Pediat. *46*:296 (March) 1955.
4. Steigman and Vallbona: Experience with Chlorpromazine in Pediatrics, Internat. Rec. Med. & Gen. Pract. Clinics *168*:351 (May) 1955.
5. Moyer et al.: Clinical Studies of an Anti-emetic Agent, Chlorpromazine, Am. J. M. Sc. *228*:174 (Aug.) 1954.

*T.M. Reg. U.S. Pat. Off.

Smith, Kline & French Laboratories, Philadelphia

STACKS

THE WEST VIRGINIA

Medical Journal

OFFICIAL ORGAN OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

Contents on Page IV — Index to Advertisers on Page LXIV

VOL. 52, NO. 10 OCTOBER, 1956

Convention Proceedings

COLLEGE OF

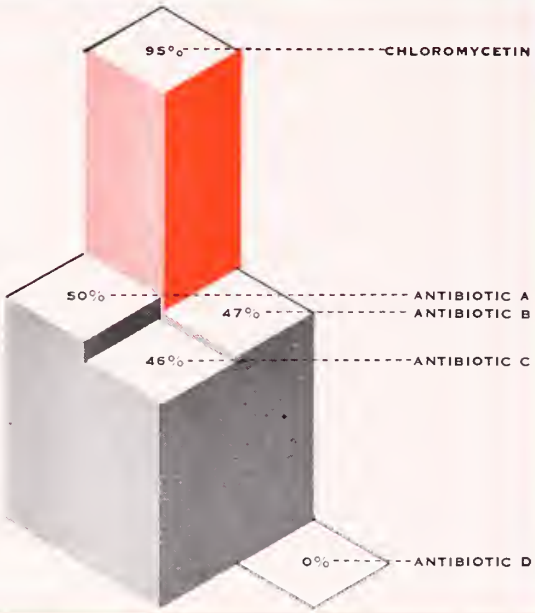
Infections of the respiratory tract respond readily to

ILOTYCIN

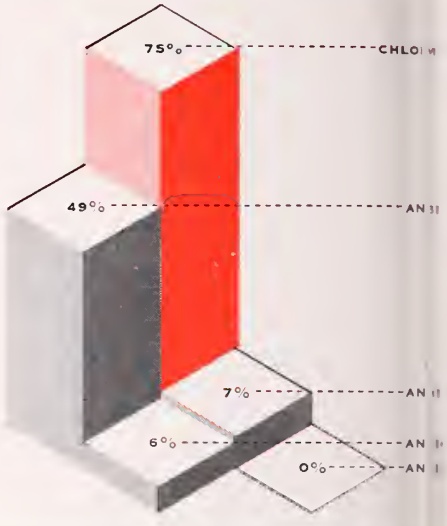
(ERYTHROMYCIN, LILLY)

safe, well tolerated

SENSITIVITY OF COMMON PATHOGENS TO CHLOROMYCETIN AND FOUR OTHER MAJOR ANTIBIOTIC AGEN

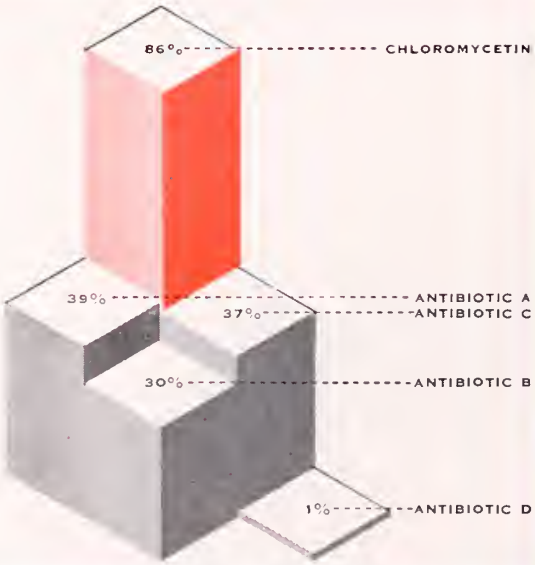


ESCHERICHIA COLI
(148-227 STRAINS)

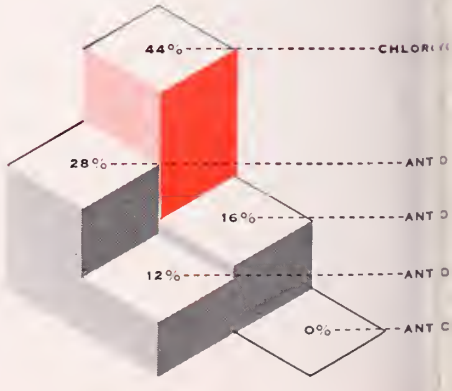


BACILLUS PROTEUS
(63-104 STRAINS)

AEROBACTER AEROGENES
(143-248 STRAINS)



PSEUDOMONAS AERUGINOSA
(39-70 STRAINS)



*This graph, based on *in vitr*
is adapted from Horton and

when more than one organism is involved...

Chloromycetin®

for today's problem pathogens

Therapeutic advantages of CHLOROMYCETIN (chloramphenicol, Parke-Davis) are especially appreciated when mixed infections are encountered because it provides highly effective antibiotic action both against gram-negative and against gram-positive pathogens.[1-7] CHLOROMYCETIN also acts against many pathogens which may grow when originally sensitive organisms have been suppressed.[2]

Unlike some antibacterial agents which are specific for one type of organism only, or others to which bacterial resistance readily develops, CHLOROMYCETIN demonstrates continued efficacy against a wide variety of commonly occurring microorganisms: "Sensitivity of many strains of pathogens to chloramphenicol [CHLOROMYCETIN] and limited tendency of these organisms to develop resistance to this antibiotic explain the effectiveness of chloramphenicol where other antibiotics and chemotherapeutic agents have failed."[1]

CHLOROMYCETIN is a potent therapeutic agent, and because certain blood dyserasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (2) Joron, G. E.; Fowler, A. F.; de Vries, J.; Reid, G., & Mathews, W. H.: *Canad. M. A. J.* 73:956, 1955. (3) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (4) Perry, R. E., Jr.: *North Carolina M. J.* 16:567, 1955. (5) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (6) Murphy, F. D., & Waisbren, B. A., in Murphy, F. D.: Medical Emergencies: Diagnosis and Treatment, ed. 5, Philadelphia, F. A. Davis Company, 1955, p. 557. (7) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (8) Horton, B. F., & Knight, V.: *J. Tennessee M. A.* 48:367, 1955.

PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN

50024

OCTOBER
1956

Vol. 52 No. 10

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charleston

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

Member 1956

CONTENTS

Scientific Articles

New Horizons in Medicine—Athey R. Lutz, M. D. ... 321
Congenital Atresia of the Esophagus With Tracheo-Esophageal Fistula — Charles Schnurer, M. D. ... 325
Acute Bromide Intoxication: Treatment With Chlorpromazine (Case Report)—Thelma V. Owen, M. D., and M. G. Stemmermann, M D. ... 330
What's New in Hypertension and Coronary Heart Disease—Woodford B. Troutman, M. D. ... 332

Special Article

Medico-Legal Relationships Viewed Through the Doctor's Goggles—Walter E. Vest, M. D. ... 336

The President's Page

Quotes from the 1956 Convention—Athey R. Lutz, M. D., President, West Virginia State Medical Association ... 342

Editorials

That Controversial Article ... 343
We Do Wear Shoes ... 344
Lifting the Cloud ... 344
Cause for Indignation ... 345
Convention Post-Mortems ... 346
The Weaker Sex ... 346
Doctors Repeat in Election ... 347

General News

New Association Officers Elected ... 348
General Practitioner of the Year Award ... 350
Resume of the Convention Proceedings ... 353
New Auxiliary Officers ... 357

Special Departments

The Month in Washington ... 366
Annual Reports ... 367
Obituaries ... xlii
County Societies ... xliii
Woman's Auxiliary ... xliv
Book Reviews ... xlv
Correspondence ... liii
Directory of Physicians in Limited Practice ... lxi
Index to Advertisers ... lxiv

for preventing and treating upper respiratory infections . . .

Achrocidin*

Tetracycline-Antihistamine-Analgesic Compound

ACHROCIDIN is a comprehensive formula for treatment of complications of the common cold, particularly when bacterial sequelae are observed or expected from the patient's history or during widespread infections.

Distressing symptoms of malaise, headache, muscular pain, mucosal and nasal discharge are rapidly relieved.

And potent prophylaxis is offered against other diseases, such as otitis media, sinusitis, adenitis, and bronchitis, to which the patient may be highly vulnerable at this time.

ACHROCIDIN is convenient for you to prescribe—easy for the patient to take. Average adult dose: two tablets four times daily.

Available on prescription only

Each tablet contains:

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottle of 24 tablets

Lederle LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y.

*TRADEMARK

"You try to scrub the bathtub with your back aching morning till night!"

"I don't know about bathtubs, but two days ago I couldn't reach a shelf higher than that."

"I thought maybe I slept in a draft. Never had a stiff neck like this before."

"That's nothing. I went around with my arm in a sling for nearly two weeks—had to sleep with a pillow at my back so I wouldn't roll over on it."

"I thought I was getting too old for high heels—low heels didn't help. My leg hurt down to the ankle."

"That's
I'm on
feet al
but it
my arr
bother

... safeguarded relief all the way across t

Prednisone + Acetylsalicylic Acid + Aluminum Hydroxide + Ascorbic A

Potent corticosteroid anti-inflammatory action complemented by ra
analgesia; doubly protected with antacid and supplemental vitami

"My back was so tight I couldn't even get on and off the bus; now I can climb stairs."

"I hope he helps my knee that quick."

"Take it from me, you should be glad you saw him early in the game so he could do some good."

"Good?— why, he's got me doing exercises I haven't done in years."

›read of common rheumatic complaints

Summated, protective corticoid-analgesic therapy

SIGMAGEN*

corticoid-analgesic compound tablets

- brings specific, complementary benefits to the treatment of muscle, ligament, tendon, bursa and nerve inflammation
- for the initiation of treatment of milder rheumatic disease
- for continuous or intermittent maintenance in more severe rheumatic involvement

Bottles of 100 and 1000.

Schering

Small-focus rotating anode x-ray tube ... easy, accurate radiographic centering by projected knife-edge lightbeam.

Picker x-ray

PICKER X-RAY CORPORATION
25 South Broadway, White Plains, N. Y.

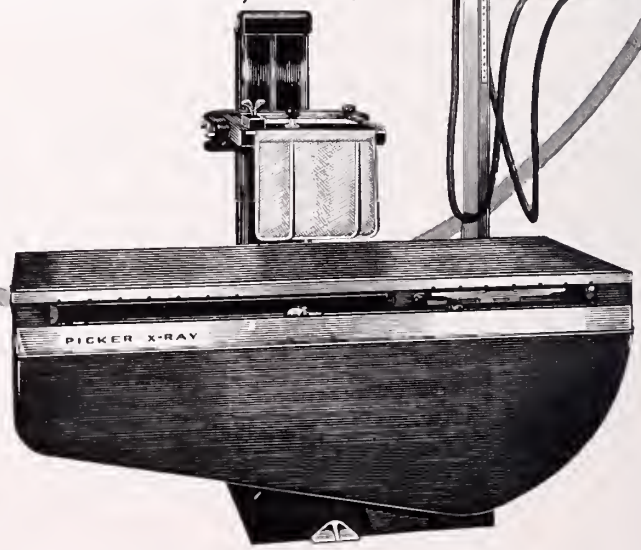
save up to $1,976 on new "packaged" CENTURION 200 ma radiographic-fluoroscopic units

For a limited time, here's your chance to acquire a fine Picker 200 ma x-ray combination at a very substantial saving. Not skimpy "built-to-price" equipment, mind you, but a standard Picker Centurion II x-ray unit with all the advantages (too many to list here; we can cite only a few) that mean so much in operating ease, technical flexibility and long-term satisfaction.

If you've been thinking of investing* in a new x-ray machine or upgrading your present facilities, this is opportunity knocking. Your local Picker representative will be glad to show you why. Call him in.

**If you'd rather, you can also realize these savings through the Picker Rental Plan. Ask the Picker man about it while you're at it.*

Smooth-gliding floor-ceiling Twintrack tubestand rotates full circle with 90° clickstops. Rigid self-swallowing telescopic tubearm slips x-ray tube deftly into place under table for fluoroscopy.



Heavy duty Picker generator (200 ma, 100 KVP) and distinguished upright control cabinet. Automatic Manitar operation. Full-range time-KV selection without technical compromises.

High-style "prestige" table, luxurious finish. Clear access all around — front, back, both ends — no protruding floor obstructions. Poised hand-rack or quiet motor-drive. Weight counterbalanced fluoroscopic tower with either full size screen or Polyfilmer for 8" x 10" spotfilms (as shown here).

PICKER IN WEST VIRGINIA is at 714½ Lee Street, Charleston and 6066 Pea Ridge Road, Huntington Phone 3-1178

Journal Report:

Hypertensive symptoms relieved in 96% of patients

"Comparison of pentolinium [ANSOLYSEN] with other preparations in 25 patients with severe essential hypertension, for whom all other methods of management had failed, showed that pentolinium is the most effective of available agents in reducing dangerously high blood pressure to the desired levels, and in modifying some of the complications of hypertension, as cardiac decompensation, cardiomegaly and retinopathy. . . .

"In 96 per cent (24 patients) clinical symptoms were relieved and the blood pressure maintained at comfortable levels. . . ."[1]

ANSOLYSEN®

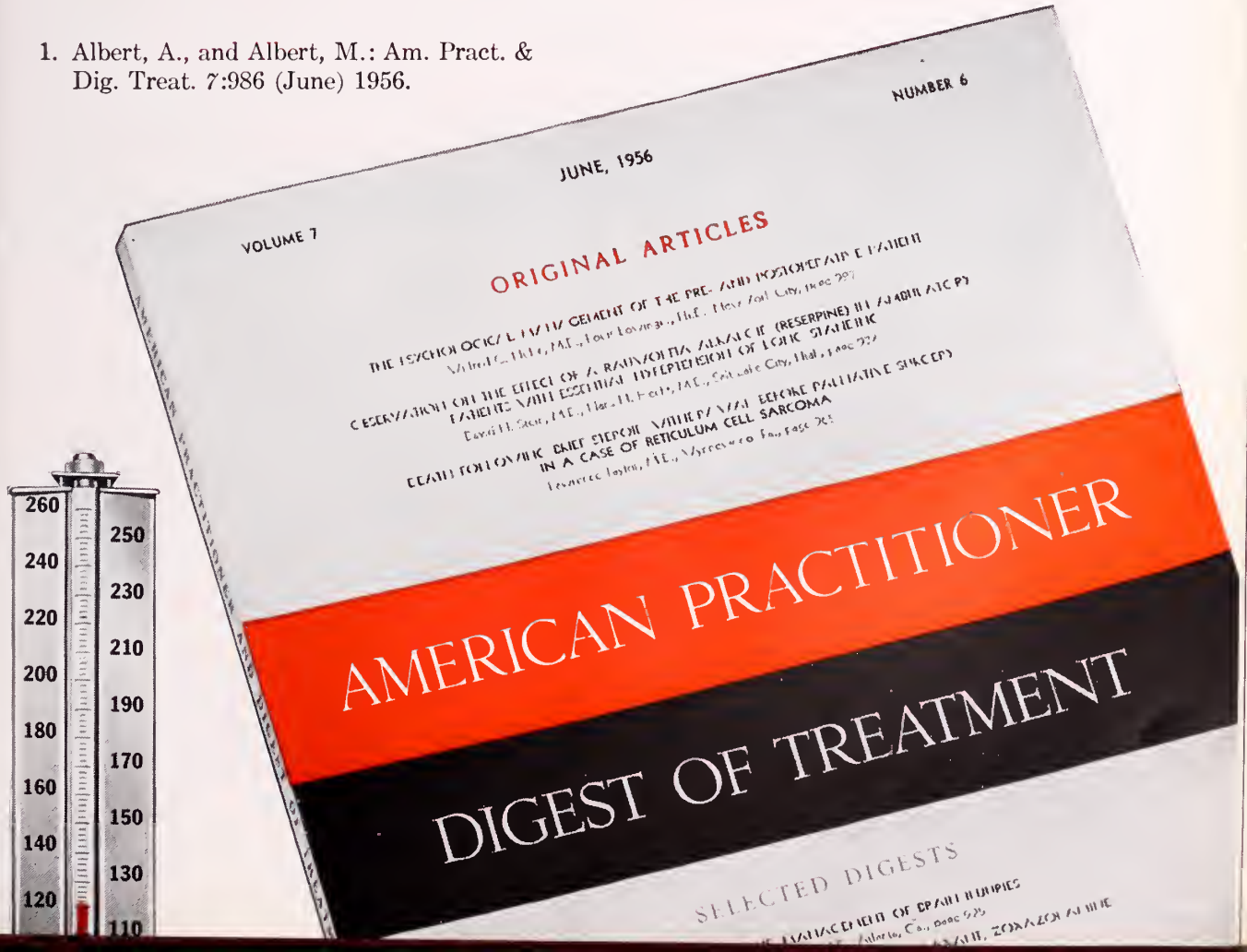
TARTRATE

Pentolinium Tartrate

Lowers Blood Pressure

Wyeth®
Philadelphia 1, Pa.

1. Albert, A., and Albert, M.: Am. Pract. & Dig. Treat. 7:986 (June) 1956.



KARO® SYRUP . . . meets the accelerated nutritional requirement of early infancy

The high caloric requirements of infants, coupled with the fact that they have little ability to digest starchy food, are indications for the use of an easily digested carbohydrate milk modifier.

Karo places a minimum demand upon the digestive system during the first weeks of life. Even premature babies thrive on Karo because this easily digested, completely utilized, fluid mixture of dextrins, maltose and dextrose does not induce flatulence, colic, fermentation or allergy.

Karo permits easy adjustment of formula to meet the accelerated nutritional demand during the early months of rapid growth. Mothers will appreciate the ease of making formulas containing Karo, plus its ready availability and economy. Light or dark Karo syrup may be used interchangeably with cow's milk or evaporated milk and water. Each ounce yields 120 calories.

1906 • **50th ANNIVERSARY** • 1956
CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York 4, N. Y.

KNOX Protein Previews

New Study Shows Gelatine Restores Brittle Fingernails to Normal

Directions for making the Knox Gelatine drink in every package

Brittle, fragile or laminating fingernails are the bane of many a woman's existence. Yet this highly prevalent and distressing condition often has gone uncontrolled for lack of effective therapy. Now, you can promise these patients substantial relief in a large percentage of cases.

In a recent study[1] that confirmed previous work[2] Knox Gelatine was used to treat 36 women with fragile, brittle, laminating fingernails. The response was most gratifying. Except for three patients who discontinued the therapy, three diabetics, and two women who had congenital deformities, the splitting ceased and all other patients were able to manicure their nails to a full point by the time the study ended.

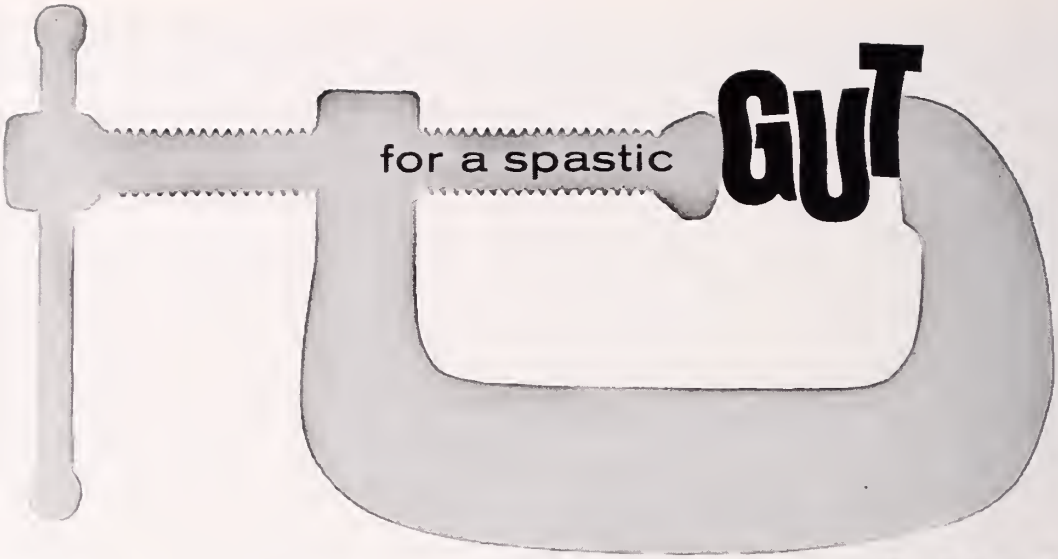
Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Efficacy has not been established with lesser dosage. If you would like more complete details of this work, just use the coupon.

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ -19
Johnston, N. Y.

Please send me a reprint of the article by Rosenberg and Oster with illustrated color brochure.

YOUR NAME AND ADDRESS



Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

C I B A
Summit, N. J.

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

2/2228M

Morris Memorial Hospital
and
Rehabilitation Center

MILTON, WEST VIRGINIA PHONE: 9801

ATTENDING ORTHOPEDIC STAFF:
A. A. Abplanalp, M. D.
R. L. Anderson, M. D.
George R. Callender, Jr., M. D.
J. Marshall Carter, M. D.
James A. Heckman, M. D.
H. M. Hills, M. D.
W. B. MacCracken, M. D.
George Miyakawa, M. D.
Harold B. Sunday, M. D.
Howard A. Swart, M. D.

HONORARY ORTHOPEDIC STAFF:
Harold H. Kuhn, M. D.
Francis A. Scott, M. D.

PEDIATRICIAN:
Marie Thomas, M. D.

ROENTGENOLOGIST:
E. W. Squire, M. D.

PATHOLOGIST:
Walter Putschar, M. D.

REHABILITATION CENTER MEDICAL DIRECTOR:
Harlan A. Stiles, M. D.

Complete Orthopedic Services
Comprehensive Rehabilitation Center Services

Laboratory
Occupational Therapy
Orthopedic Appliance Workshop
Physical Therapy
Psychological Services
Rehabilitation Nursing
Social Casework
Special Education
Surgery
X-Ray

FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

broad-spectrum therapy as good as it tastes!

TETRABON*

BRAND OF TETRACYCLINE HOMOGENIZED MIXTURE

125 mg. tetracycline per 5 cc. teaspoonful. Bottles of 2 fl. oz. and 1 pint, packaged ready to use (no reconstitution required).
READILY ACCEPTED delightfully different fruit flavor . . .
RAPIDLY ABSORBED fine particle dispersion—therapeutic blood levels within one hour . . .
QUICKLY EFFECTIVE well-tolerated tetracycline for prompt control of a wide range of infections.

*Trademark

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N.Y.

Pfizer

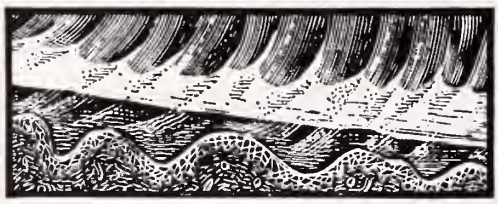
THOROUGH PENETRATION WITH VAGISEC® COMBATS

jelly and liquid

FLARE-UPS

OF VAGINAL TRICHOMONIASIS

VAGISEC liquid is the unique trichomonacide that explodes trichomonads within 15 seconds. It is a proved combination of three chemical agents which penetrates to hidden trichomonads and eliminates failure of treatment and flare-ups due to lack of penetration.



VAGISEC liquid penetrates to trichomonads buried among the vaginal rugae and imbedded in mucus and desquamated cells.

Hidden trichomonads. Trichomonads do not exist in the vaginal secretion alone. They are vigorously motile and burrow deeply into the surface of the vaginal mucosa where cellular debris and mucus cover them. VAGISEC liquid lowers surface tension, penetrates the cellular debris and dissolves mucoid material[1,2] that lines the vaginal wall and lies buried among the rugae. It reaches and explodes hidden as well as surface trichomonads.

Unique overpowering action. VAGISEC liquid combines a chelating agent and two surface-acting agents that act in balanced blend to weaken the trichomonad's cell membrane, to remove its waxes and lipids, and to denature its proteins. The parasite imbibes water, swells up and explodes. *No other agent or combination of agents kills the trichomonad in this specific fashion, or with this speed.*

Trichomonads explode within 15 seconds. "Motion pictures taken through a phase-contrast microscope at 24 frames per second show that individual trichomonads are destroyed within 10 to 14 seconds after contact . . ." with solution of VAGISEC liquid.[3]

The Davis technique.† The remarkable speed and uniquely effective action of this trichomonacide are the result of the intensive research of its originators, Dr. Carl Henry Davis, well-known gynecologist and author, and C. G. Grand, research physiologist, who introduced the agent as "Carlendacide" and had it clinically tested by more than 150 physicians, including over 100 leaders in obstetrics and gynecology.[2,3] In this extensive evaluation, better than ". . . 90 per cent of apparent cures have been obtained. . . ."[2] For "the small percentage of women who have an involvement of cervical, vestibular or urethral glands, other treatments will be required."[3]

Office treatment. Expose vagina with speculum. Wipe walls dry with cotton sponges and wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton sponges. Office treatments are an integral part of the Davis technique.

Home treatment. Prescribe both VAGISEC liquid and jelly. Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual cycles, but omitted on office treatment days. Douching contraindicated in pregnancy.

Summary. VAGISEC liquid penetrates to hidden trichomonads and explodes them in 15 seconds. VAGISEC jelly and liquid are non-toxic and non-irritating, leave no messy discharge or staining. VAGISEC liquid and jelly have been clinically tested and proved a remarkably fast-acting, effective treatment for vaginal trichomoniasis.

Active ingredients: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

1. Davis, C. H.: Am. J. Obst. & Gynec. *68*:559 (Aug.) 1954.
2. Davis, C. H.: West. J. Surg. *63*:53 (Feb.) 1955.
3. Davis, C. H.: J.A.M.A. *157*:126 (Jan. 8) 1955.

†Pat. App. for

VAGISEC is a registered trade-mark of Julius Schmid, Inc.

JULIUS SCHMID, INC., *gynecological division*

423 West 55th Street, New York 19, N. Y.

ORAL PENICILLIN FOR *BETTER* AND *MORE CONSISTENT* ABSORPTION

"Because of the better and more consistent absorption of penicillin V from the intestinal tract, it would appear that this type of penicillin is preferable to penicillin G when oral administration is to be used."[1]

1. Martin, W. J., et al.: J.A.M.A. *160*:928 (March 17) 1956.

PEN•VEE•*Oral* and PEN•VEE *Suspension* permit new dependability in oral-penicillin therapy—dependable stability in gastric acid, dependable and optimal absorption in the duodenum. "Not being destroyed by acid in the stomach, as is penicillin G, penicillin V remains available in larger amounts for absorption."[1]

PEN·VEE* *Oral* and *Suspension*

PEN•VEE•*Oral* is Penicillin V, Crystalline (Phenoxymethyl Penicillin)
PEN•VEE *Suspension* is Benzathine Penicillin V Oral Suspension

*Trademark

Wyeth
Philadelphia 1, Pa

Erythromycin in the treatment of osteomyelitis

8/3/55

CASE SUMMARY

On 6/2/55, patient, male, age 28, fell on an old fracture and refractured the middle third of the right femur, superimposed on an old osteomyelitis.

On 7/7/55, the wound was saucerized and a hemolytic S. aureus (coag. +) was isolated from the osteomyelitis. Disc sensitivities were: penicillin, 10 units; erythromycin, 10 mcg.; tetracycline, 10 mcg.

On 7/15, the patient was placed on erythromycin therapy 400 mgm. q. 6. h. Patient afebrile after erythromycin started. X-rays showed evidence of healing with callus formation. No septicemia and clinical evidence indicates control of the infection.

On 8/3, the cast was removed and leg recast. Wound was in good condition with minimal drainage.

Diagnosis: fracture middle third of right femur, complicated by osteomyelitis.

Result: erythromycin aided healing of the old osteomyelitis and kept the infection under control.

* *Communication to Abbott Laboratories*

specific against

coccic infections

Specific—because you can actually pinpoint the therapy for coccic infections. That's because most bacterial respiratory infections are caused by staph-, strep-and pneumococci. And these are the very organisms most sensitive to ERYTHROCIN—even when in many cases they resist other antibiotics.

filmtab®

Erythrocin®

(Erythromycin, Abbott)

STEARATE

with little risk of

serious side effects

Low toxicity—because ERYTHROCIN rarely alters intestinal flora. Thus, your patients seldom get gastroenteral side effects. Or loss of vitamin synthesis in the intestine. Virtually, no allergic reactions, either. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), bottles of 25 and 100. Abbott

filmtab®

Erythrocin®

(Erythromycin, Abbott)

STEARATE

® Filmtab—film-sealed tablets; pat. applied for

HERE'S WHY SO MANY DOCTORS NOW SMOKE AND RECOMMEND

VICEROY

Twice as Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS

For the Smoothest Taste in Smoking!

COMPARE! HOW MANY FILTERS IN YOUR FILTER TIP? (REMEMBER—THE MORE FILTERS THE SMOOTHER THE TASTE!)

VICEROY'S EXCLUSIVE FILTER IS MADE FROM PURE CELLULOSE—SOFT, SNOW-WHITE, NATURAL!

relaxes both the body and the mind

well suited for prolonged therapy

- well tolerated, nonaddictive, essentially nontoxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: **anxiety and tension states, muscle spasm.**

THE ORIGINAL MEPROBAMATE

Miltown®

Tranquilizer with muscle-relaxant action

DISCOVERED AND INTRODUCED

BY WALLACE LABORATORIES, *New Brunswick, N.J.*

2-methyl-2-n-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: *400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.*

Literature and Samples Available on Request

THE MILTOWN MOLECULE

recognized

as a potent, specific anti-arthritic

established

by over 100 million patient days

substantiated

in more than 700 published reports

BUTAZOLIDIN®

(phenylbutazone GEIGY)

potent, specific anti-arthritic

Based on an impressive background of achievement attained over a period of four years involving both long-term and short-term therapy in all the major forms of arthritis, BUTAZOLIDIN is recognized as one of the most effective anti-arthritic agents currently available.

relieves pain

improves function

resolves inflammation

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before prescribing it.

GEIGY

GEIGY PHARMACEUTICALS, Division of Geigy Chemical Corporation, New York 13, N. Y.

72555

cardiac patients have
fewer side effects
with diuresis produced
by localized renal action

PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

When acidosis is the diuretic mechanism, as with the carbonic anhydrase inhibitors and acidifying salts, widespread effects on many organs can be anticipated.
In contrast, the dependable diuresis produced by the organomercurials—resulting from enzyme inhibition localized in the kidney—avoids these extrarenal effects.

TABLET
NEOHYDRIN®

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM

BRAND OF MERALLURIDE INJECTION

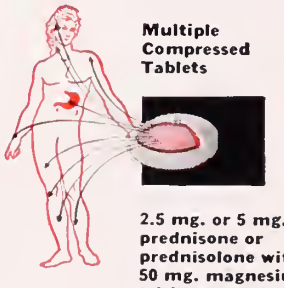
LAKESIDE

02656

in inflammatory skin diseases

all the benefits of the "predni-steroids"
plus positive antacid action
to minimize gastric distress

ROUTINELY ACHIEVED WITH 'Co-Deltra'
(Buffered Prednisone)



Multiple Compressed Tablets

'Co-Hydeltra'
(Buffered Prednisolone)

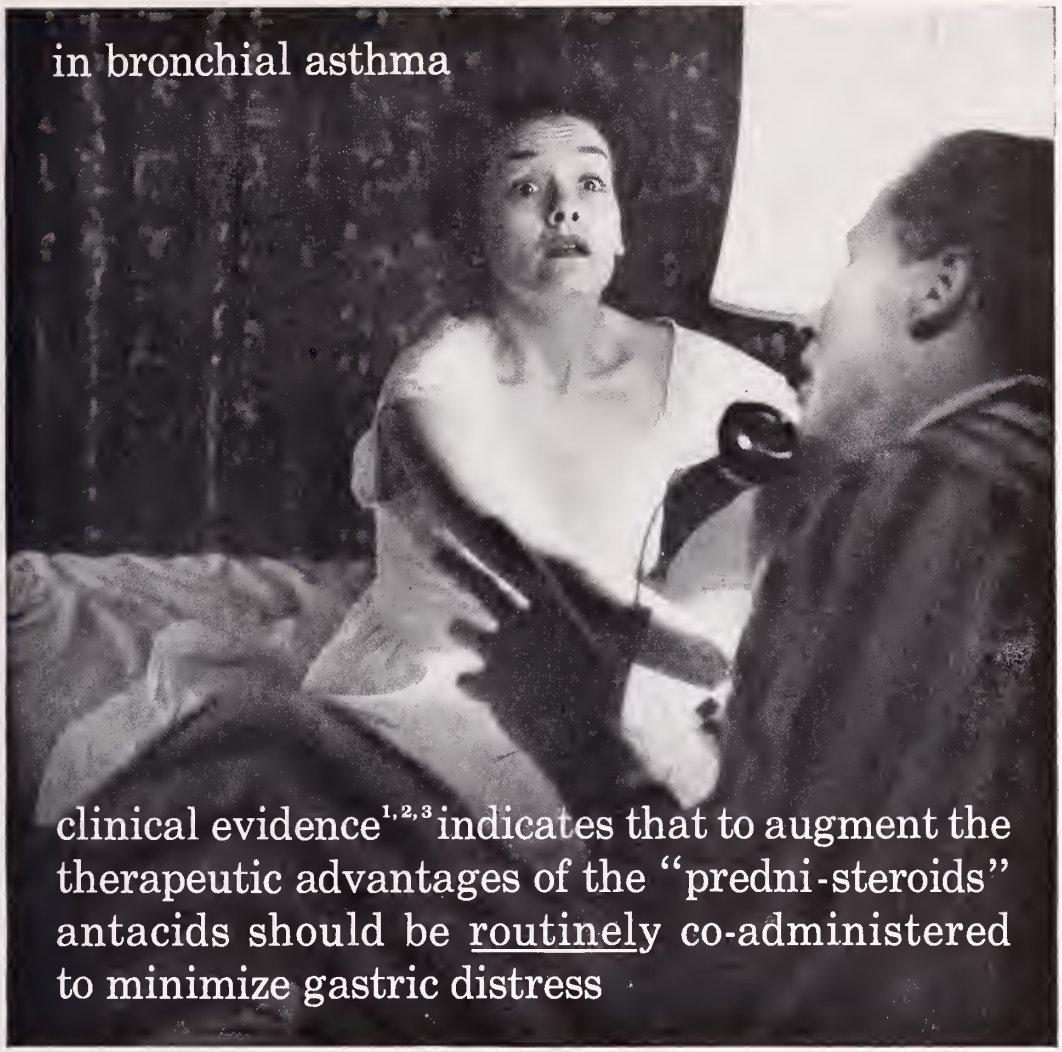
2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

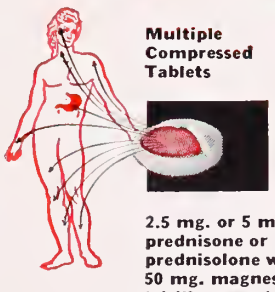
'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.



ROUTINE CO-ADMINISTRATION MEANS

'Co-Hydeltra'

(Buffered Prednisolone)



Multiple Compressed Tablets

'Co-Deltra'

(Buffered Prednisone)

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

Sedatives
- A.) hypothalamic — Reserpine
- B.) cortical — Mebaral

A.) Indications
1. Emotional instability
2. Anxiety
3. Tension states
   a.) Premenstrual
   b.) Menopausal
   c.) etc.

B.) Treatment - Tranquilize!

℞

Reserpine-Mebaral
Tablets

usual dose: 1 tab. tid.

Winthrop

Each tablet contains
Reserpine - 0.15 mg.
Mebaral® - 30 mg.
(brand of mephobarbital)

Upjohn

Ulcer protection that lasts all night:

Pamine* BROMIDE

Tablets

Each tablet contains:
Methscopolamine bromide ..... 2.5 mg.

Average dosage (ulcer):
One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.

Supplied: Bottles of 100 and 500 tablets

Syrup

Each 5 cc. (approx. 1 tsp.) contains:
Methscopolamine bromide ..... 1.25 mg.

Dosage:
1 to 2 teaspoonfuls three or four times daily.

Supplied: Bottles of 4 fluidounces

Sterile Solution

Each cc. contains:
Methscopolamine bromide ..... 1 mg.

Dosage:
0.25 to 1.0 mg. (¼ to 1 cc.), at intervals of 6 to 8 hours, subcutaneously or intramuscularly.

Supplied: Vials of 1 cc.

*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF METHSCOPOLAMINE

The Upjohn Company, Kalamazoo, Michigan

Q: *In x-ray equipment what will $4950 buy?*

A: This new G-E PATRICIAN

complete with 200-ma control and transformer

YOURS . . . General Electric quality . . . complete diagnostic x-ray unit with tilt table . . . combined facilities for fluoroscopy and radiography—all for just $4950, f.o.b. Milwaukee, U.S.A.

New PATRICIAN gives you 81-inch angulating table . . . independent tubestand with choice of floor-to-ceiling or platform mounting . . . 200-ma, 100-kvp, full-wave transformer and control . . . double-focus, rotating-anode tube.

Also, you get counterbalanced automatic Bucky, plus fluoroscopic screen that's also counterbalanced, self-retaining in all table positions. You can take cross-table and stereo views. Focal-film distances range up to a full 40 inches at any table angle . . . as great as 48 inches cross-table.

The new PATRICIAN can be yours on liberal purchase terms . . . or can be leased under the popular G-E Maxiservice® *rental* plan. Ask your General Electric x-ray representative for all the facts.

Progress Is Our Most Important Product

GENERAL ELECTRIC

Direct Factory Branches:

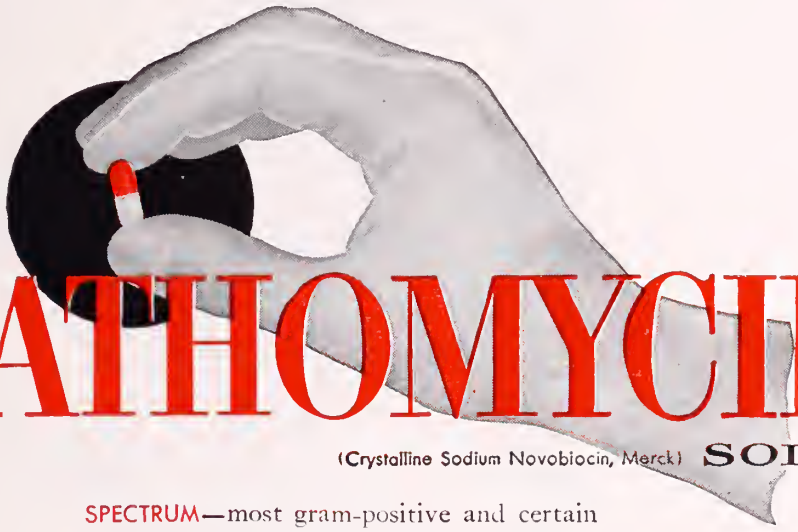
CHARLESTON — 5616 MacCorkle Avenue, S.E. **PITTSBURGH — 231 South Euclid Avenue**

ROANOKE — 202 S. Jefferson Street

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)
RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris*, including strains resistant to all other antibiotics.

DOSAGE—Two capsules (500 mg.) twice daily or one capsule (250 mg.) four times a day.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

Most people are able to talk freely to their physician about every aspect of their treatment—*except one.* The question, "How much is it going to cost?" and of how payment is to be made, often leaves the frankest patient tongue-tied.

Many refrain from bringing up the subject out of a sincere respect for their doctor, supposing it somehow unbecoming to talk to him about money. Many professional societies are now trying to clear up this misconception. For example, you may have noticed a significant plaque which hangs in thousands of physicians' waiting rooms. It says:

"To all my patients — I invite you to discuss frankly with me any questions regarding my services or fees. The best medical service is based on a friendly mutual understanding between doctor and patient."

Sometimes, of course, your doctor cannot tell you, in advance, precisely what a course of treatment or an operation is going to cost. But you will always find him willing to discuss the subject, and to tell you if he can. Today more than ever before in medical history, the bill your doctor sends you can represent one of the really big bargains of your life — in terms of health, happiness and peace of mind.

Copyright 1954—Parke, Davis & Company

PARKE, DAVIS & COMPANY
Research and Manufacturing Laboratories Detroit 32, Michigan

Makers of medicines since 1866

Doctor, you have probably seen one or more of these current Parke-Davis advertisements in leading general magazines—and you know that the much-talked-about theme of these ads is that *prompt and proper medical care is one of today's biggest bargains.* Through our sales representatives who call on you, and your letters to us, we know that this is the type of laity advertising *you* like to see.

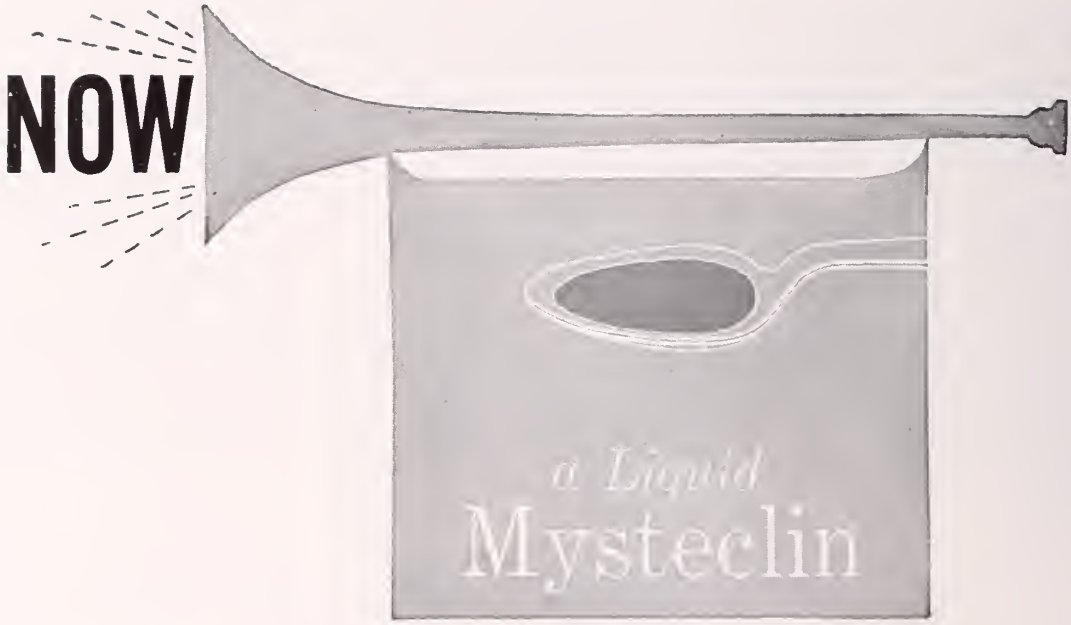
The reproduction on the facing page is the latest example of this advertising. It tells the public that they can discuss medical fees with their physicians without embarrassment . . . and that such discussions improve the important relationship between doctor and patient.

We are gratified at your response to these public messages, and you can be sure that Parke-Davis national advertising will continue to be in our *mutual* best interests.

PARKE, DAVIS & COMPANY

Detroit 32, Michigan

Reaching millions of people in LIFE, POST, TODAY'S HEALTH and other leading magazines



MYSTECLIN SUSPENSION

Steclin-Mycostatin (Squibb Tetracycline-Nystatin)

Another form of the only broad spectrum antibiotic preparation with added protection against monilial superinfection

PLEASANT TASTING — Mysteclin Suspension is pleasantly fruit-flavored and will appeal to taste-conscious youngsters as well as to adults who prefer liquid medication.

BROADLY EFFECTIVE — Mysteclin Suspension provides well tolerated therapy for the many common infections which respond to tetracycline—and also acts to prevent monilial overgrowth.

READY-TO-TAKE — Mysteclin Suspension requires no reconstitution and can be given by simple teaspoon dosage to patients of all ages.

MYSTECLIN SUSPENSION: a fruit-flavored oil suspension containing the equivalent of 125 mg. Steclin (Squibb Tetracycline) Hydrochloride and 125,000 units Mycostatin (Squibb Nystatin) per 5 cc. teaspoonful. Supplied in two-ounce bottles.

Also available as Capsules (250 mg. Steclin Hydrochloride and 250,000 units Mycostatin) and Half Strength Capsules (125 mg. Steclin Hydrochloride and 125,000 units Mycostatin).

SQUIBB *Squibb Quality — the Priceless Ingredient*

"MYSTECLIN"®, "STECLIN"®, AND "MYCOSTATIN"® ARE SQUIBB TRADEMARKS

New Evidence on

Rauwiloid®

confirms and defines superiority over other Rauwolfia preparations in the treatment of HYPERTENSION

- Rauwiloid represents the balanced, mutually potentiated actions[1] of several Rauwolfia alkaloids, of which reserpine and the equally antihypertensive rescinnamine have been isolated.
- Hence, reserpine is not the total active antihypertensive principle of the rauwolfia plant.
- Rauwiloid is freed of the undesirable alkaloids of the whole rauwolfia root. Recent investigations confirm the desirability of Rauwiloid (because of the balanced action of its contained alkaloids) over single alkaloidal preparations; "...mental depression...was...less frequent with alseroxylon..."[2]

The dose-response curve of Rauwiloid is flat, and its dosage is uncomplicated and easy to prescribe...merely two 2 mg. tablets at bedtime.

1. Cronheim, G., and Toekes, I. M.; Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meet. Am. Soc. Pharmacol. & Exper. Therap., Iowa City, Iowa, Sept. 5, 1955.
2. Moyer, J. H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

Riker
LOS ANGELES

Rauwiloid is the original alseroxylon fraction of India-grown Rauwolfia serpentina, Benth., a Riker research development.

NEW

ATARAXOID is a unique, new combination of STERANE and ATARAX, which now permits simultaneous symptomatic control and reduction of attendant anxiety and apprehension in rheumatoid arthritis and other indications.

The added tranquilizer control, desirably easing mental stress, also directly assists clinical progress. It minimizes the chance of exacerbation related to emotional strain and facilitates patient confidence and cooperation in the therapeutic program toward maximum rehabilitation.

ATARAXOID exerts the anti-rheumatic, anti-inflammatory activity of STERANE distinctly superior to previous steroids, effective in radically reduced dosage, and with minimal disturbance of electrolyte and fluid metabolism.

The ataractic effect is a central neuro-relaxing action – the result of a marked cerebral specificity – free of mental fogging and devoid of any major complications: no liver, blood or brain damage. This peace-of-mind component is also used in the lowest dosage range.

Supplied: Each green, scored, ATARAXOID oral tablet contains 5 mg. prednisolone (STERANE) and 10 mg. hydroxyzine hydrochloride (ATARAX). Bottles of 30 and 100.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

the first and only ataraxic-corticoid

araxoid*

prednisolone and hydroxyzine

Pfizer

combining the newest, safest tranquilizer, ATARAX® + the newest, most effective steroid, STERANE® (prednisolone)

simultaneously controls the symptoms and the apprehension

In Rheumatoid Arthritis, other collagen diseases, bronchial asthma and inflammatory dermatoses

*Trademark

24-hour control

for the majority of diabetics

GLOBIN INSULIN

'B.W. & CO.'®

a clear solution . . . easy to measure accurately

Discovered by Reiner, Searle, and Lang
in The Wellcome Research Laboratories

BURROUGHS WELLCOME & CO. (U. S. A.) INC. • Tuckahoe 7, New York

excellent

remedy

for a

poor

appetite

INCREMIN*

Lysine-Vitamin Drops

- combines the amino acid, l-Lysine, with vitamins B_1, B_6, B_{12}
- stimulates appetite, effects better utilization of protein, thereby promoting growth
- cherry-flavored drops are delicious; may also be mixed in milk, formula, etc.
- handy 15 cc. plastic dropper-bottle

For the problem eaters, for the underweight, for the generally below-normal child

(Excellent, too, for stimulating appetites of the elderly patient!) Dosage: 0.5 to 1 cc. (10-20 drops) daily. Each cc. (20 drops) contains:

l-Lysine	300 mg.
Vitamin B_{12}	25 mcgm.
Thiamine (B_1)	10 mg.
Pyridoxine (B_6)	5 mg.

Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

*REG. U. S. PAT. OFF.

Something *Really* NEW!

S. C. A. TABLETS

The oldest idea in analgesic combinations in a distinctive, different NEW formula . . . as modern as tomorrow.

It long has been an accepted idea that a combination of analgesics produces smoother analgesia than either would accomplish alone. Now . . . with S.C.A. TABLETS, this old idea is retained . . . but with the advantage of utilizing newer, less toxic agents.

In S.C.A. TABLETS, aspirin is omitted in favor of salicylamide. This enhances the analgesic and anitpyretic activity . . . with no chance of stomach irritation from liberation of free salicylic acid.

Phenacetin (Acetophenetidin), in S.C.A. TABLETS has been replaced by Acetyl-p-aminophenol, eliminating the danger of methemoglobin formation.

S.C.A. TABLETS are indicated in the relief of pain and discomfort of the common cold, headache, grippe, sciatica, dysmenorrhea, bursitis, neuritis, myositis, and kindred conditions.

Literature on clinical tests and bibliography on S.C.A. TABLETS upon request . . . the oldest idea in analgesics brought up to date . . .in white, compressed tablets, monogrammed with PP for ready identification.

EACH S.C.A. TABLET CONTAINS:

SALICYLAMIDE	3½ gr.
ACETYL-P-AMINOPHENOL	2½ gr.
CAFFEINE CITRATE	½ gr.

"WORTHWHILE PRESCRIPTION SPECIALTIES ETHICALLY PROMOTED"

PHYSICIANS PRODUCTS CO.
INCORPORATED
PETERSBURG, VIRGINIA

CLINICAL SAMPLES AND LITERATURE ON REQUEST

to quiet the cough

and calm the patient

INTEGRATED ACTION

1. Topical anesthetic action
more powerful than that of cocaine

2. Antihistaminic action
to help control cough, bronchial spasm, and allergy-caused congestion

3. Sedative action
to allay nervous irritability

4. Expectorant action
to render the cough productive by aiding the secretion of protective mucus

PHENERGAN®

Wyeth®
Philadelphia 1, Pa.

EXPECTORANT

Promethazine Expectorant with Codeine; Plain (without Codeine)

magnified potency

with Meti-steroid

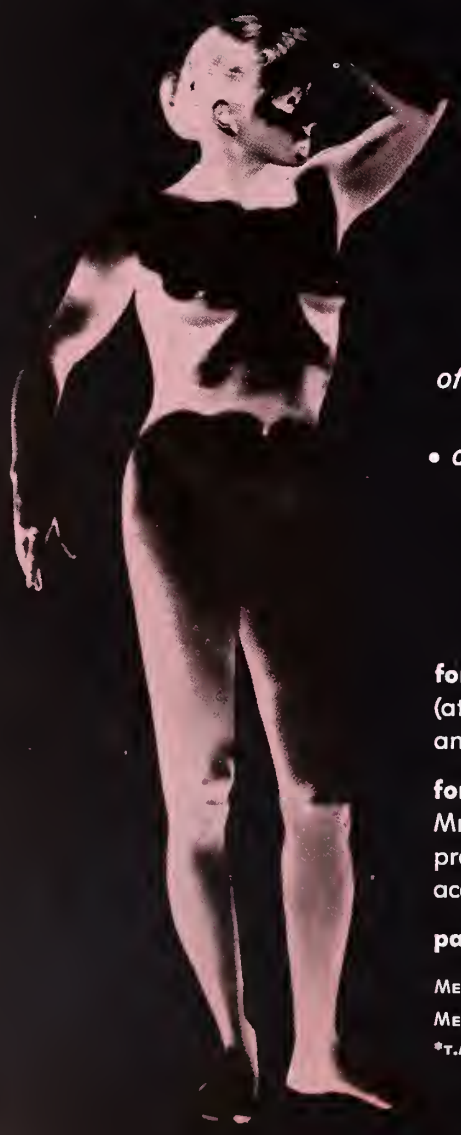
effectiveness in allergic

and inflammatory dermatoses

new

Meti-Derm cream 0.5%

with METICORTELONE, original brand of prednisolone



- *approximately twice the per milligram anti-inflammatory activity of topical hydrocortisone*
- *cosmetically acceptable*
- *water-washable*

for effective local relief of allergic (atopic and contact) dermatoses, nonspecific anogenital pruritus.

formula: Each gram of water-washable METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a cosmetically acceptable base.

packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.

METI-DERM,* brand of prednisolone topical.
METICORTELONE,® brand of prednisolone.
*T.M.

...and adding dual control

to Meti-steroid skin therapy—

protection

against infection

new

Meti-Derm ointment

with Neomycin

enhanced effectiveness

in allergic, inflammatory

dermatoses when

minor infection

is present

or anticipated

neomycin in addition to prednisolone, free alcohol
—for protective coverage against virtually all pathogenic skin bacteria with a well-tolerated, *topical* antibiotic.

formula: Each gram of METI-DERM Ointment with Neomycin contains 5 mg. (0.5%) prednisolone, and 5 mg. (0.5%) neomycin sulfate equivalent to 3.5 mg. neomycin base.

packaging: METI-DERM Ointment with Neomycin, 10 Gm. tube.

Schering

MD-J-656

when
the condition
requires
a reliable
antiseptic

Lilly
QUALITY / RESEARCH / INTEGRITY

660010

specify

'Merthiolate'

(THIMEROSAL, LILLY)

'Merthiolate' is highly active under virtually all conditions; is relatively nonirritating and nontoxic

'Merthiolate' is germicidal in dilutions up to 1:4,000 in serum media and is relatively nonirritating in the concentrations suggested for use. It also maintains its activity in the presence of soaps. The fact that 'Merthiolate' is used as a bacteriostatic agent in fluids for parenteral administration gives strong evidence of its safety.

80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

...part of *every illness*

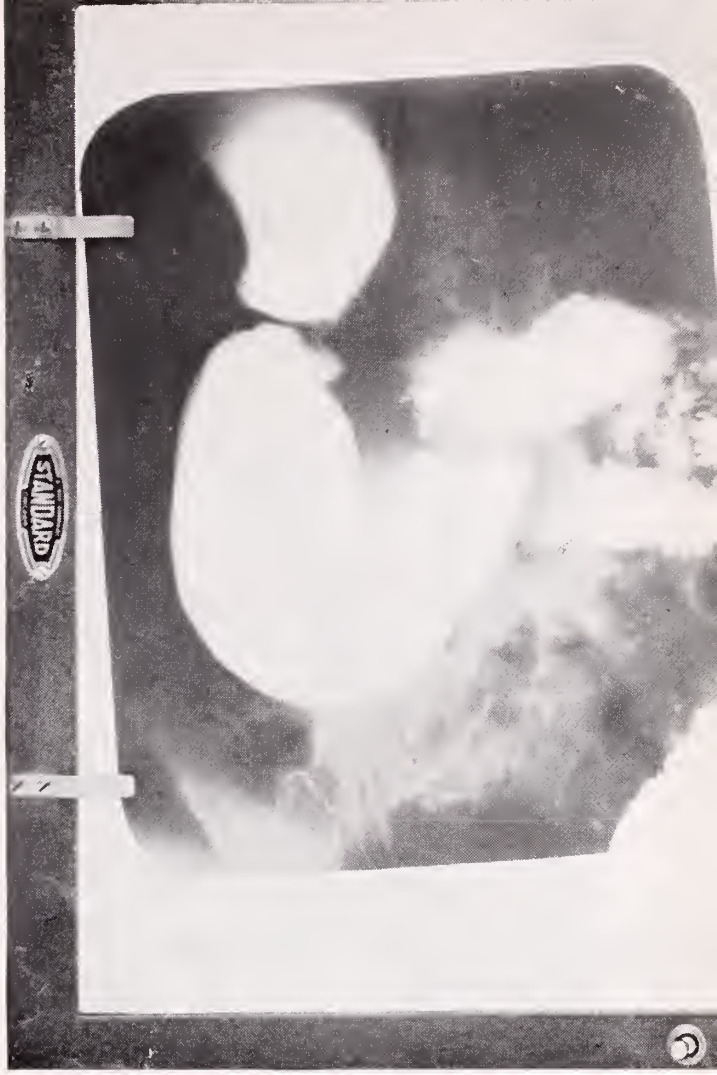
ANXIETY

is part of

PEPTIC ULCER

Equanil®

MEPROBAMATE
(2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate)
Licensed under U.S. Pat. No. 2,724,720



"...functional nervousness, including fatigue and anxiety, was by far the greatest detectable cause of recurrences of peptic ulcer symptoms, and in many instances it seemed likely that the same etiological factors were initially responsible for the ulcer."[1]

Peptic ulcer is a combination of the emotional and the physical. For total management, a combination of measures is often indicated. EQUANIL adds to the adequacy of routine treatment by countering psychic stress as a stimulant to vagal activity. It combats the anxiety and tension, and encourages restful sleep.[2]

In every patient . . . a valuable adjunct to the customary therapy

Supplied: Tablets, 400 mg., bottles of 50.
Usual Dose: 1 tablet, t.i.d.

1. Weiss, E., and English, O.S.: Psychosomatic Medicine. W. B. Saunders Co., Philadelphia, 1949, p. 358.
2. Lemere, F.: Northwest Med. *54*:1098 (Oct.) 1955.

anti-anxiety factor with muscle-relaxing action

Wyeth®
Philadelphia 1, Pa.

'ANTEPAR'®*

for "This Wormy World"

PINWORMS

ROUNDWORMS

*SYRUP OF 'ANTEPAR' Citrate brand Piperazine Citrate

Bottles of 4 fluid ounces, 1 pint and 1 gallon.

*TABLETS OF 'ANTEPAR' Citrate brand Piperazine Citrate

250 mg. or 500 mg., Scored

Bottles of 100.

Pads of directions sheets for patients available on request.

BURROUGHS WELLCOME & CO. (U. S. A.) INC.
Tuckahoe, New York

Obituaries

BENJAMIN F. CONAWAY, M. D.

Dr. Benjamin F. Conaway, 78, of Mannington, died at the home of a niece, Mrs. Robert Hueston in that city, August 28, 1956.

Doctor Conaway, son of the late Alfred and Elizabeth (Clayton) Conaway, was born at Whetstone, near Mannington, December 21, 1877. He received his early education in the Mannington district schools and graduated from Jefferson Medical College of Philadelphia. He located at Blacksville for the practice of his profesion, later moving to Beckley, where he engaged in general practice until 1955, when he was compelled to retire on account of ill health.

He is survived by several nieces and nephews.

* * * *

LEMUEL HARRISON TRIPPETT, JR., M. D.

Dr. Lemuel Harrison Trippett, Jr., 60, of Amigo, died at his home in that city September 6, 1956. Death was attributed to a heart attack.

Doctor Trippett was born in Grantsville, April 17, 1896, son of the late L. H. and Elizabeth Blanche (Stump) Trippett, who for many years made their home in Buckhannon.

He received his academic education at West Virginia Wesleyan College and graduated from the University of Maryland School of Medicine in 1918. He served his internship at St. Josephs Hospital in Baltimore.

After practicing in Buckhannon for several years, he moved to southern West Virginia, where he engaged in industrial practice in Logan, Raleigh and Wyoming counties. He had been located at Amigo since 1951.

At the time of his death, he was president of the Wyoming County Medical Society. He was also a member of the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by two daughters, Miss Anna B. Trippett and Mrs. R. M. Westfall, both of Washington, D. C.

Cancer Terminology

There is unquestionably a need for a short, all-inclusive word to define the general group of malignant neoplasms collectively, and there is none available except cancer, which originally had this broad meaning. The general public understands this term, and its wide usage by volunteer organizations has led to its acceptance by the laity.

The confusion will be perpetuated first by the illogical, restrictive use of the word "carcinoma" without specific meaning in the literature, and second, by the incorrect use of the term "malignancy" and "malignant disease" in professional scientific meetings, where there is no logical purpose whatever to conceal the actual nature of the subject under discussion, which is cancer.—Hayes Martin, M. D., in The Cancer Bulletin.

County Societies

FAYETTE

Dr. C. W. Stallard, Jr., of Montgomery, was the guest speaker before the meeting of the Fayette County Medical Society held at the Glen Ferris Inn in Glen Ferris, September 8, 1956. He presented an interesting paper on "Virus Pneumonia."

At the business session following the scientific program, Mr. De Santis of the Huntington Red Cross Bloodmobile unit, discussed problems concerning the program in Fayette county. A committee composed of Drs. William S. Herold, Peter P. Ladewig, Joe N. Jarrett, R. M. German, Jr., and C. W. Stallard, Jr., was appointed to give the matter proper attention.—R. DeWitt Peck, M. D., Secretary.

* * * *

KANAWHA

Dr. George J. Thomas of Pittsburgh, Pennsylvania, was the guest speaker at the first fall meeting of the Kanawha Medical Society, held at the Daniel Boone Hotel in Charleston, September 11. A dinner honoring the guest speaker was held prior to the scientific program.

Doctor Thomas, who is associate professor of surgery and chairman of the Section on Anesthesiology at the University of Pittsburgh School of Medicine, spoke on the subject of "Fire and Explosion Hazards in Hospitals and Their Control." He also gave a demonstration of various ways to prevent such fires and explosions.

His lecture and demonstration covered the following subjects: (1) factors conducive to fires and explosions with flammable anesthetic agents; (2) the value of conductive floors and efficient grounding devices in minimizing explosion hazards in anesthetizing locations; (3) a demonstration of electrostatic charges igniting flammable anesthetic agents; (4) the danger of various types of material in producing electrostatic charges of sufficient intensity to ignite flammable anesthetic mixtures; (5) a demonstration of the danger of non-conductive mattresses on operating and delivery room tables; and (6) the value of the non-flammable anesthesia technique in preventing fires and explosions in hospitals.

Since 1938, the speaker has been active in research on the prevention of fires and explosions with flammable anesthetic agents, and has worked in close cooperation with the Explosives Division of the United States Bureau of Mines in Pittsburgh.

In addition to the members, various hospital personnel and others interested in the subject were present at the meeting.—Carl B. Hall, M. D., Secretary.

A rude awakening from the antibiotic-induced euphoria of "vanishing disease" is the fact that one American died every twenty-seven minutes in 1955—from tuberculosis.—Wm. B. McCunniff, M. D., in Missouri Medicine.

Results With

'ANTEPAR'®*

against PINWORMS

In clinical trials, over 80% of cases have been cleared of the infection by one course of treatment with 'Antepar.'

Bumbalo, T. S., Gustina, F. J., and Oleksiak, R. E.: J. Pediat. 44:386, 1954.

White, R. H. R., and Standen, O. D.: Brit. M. J. 2:755, 1953.

against ROUNDWORMS

"Ninety per cent of the children passed all of their ascarides . . ."

Brown, H. W.: J. Pediat. 45:419, 1954.

*SYRUP OF 'ANTEPAR' Citrate brand Piperazine Citrate

Bottles of 4 fluid ounces, 1 pint and 1 gallon.

*TABLETS OF 'ANTEPAR' Citrate brand Piperazine Citrate

250 mg. or 500 mg., Scored

Bottles of 100.

Pads of directions sheets for patients available on request.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, New York

IT'S NEW!

• HANDY STERILE SPONGE
• NOT A COTTON BALL
• ALWAYS READY

REDI-SWABS

AN ANTISEPTIC SWAB READY FOR TOPICAL USE

Always ready for use in prehypodermic injection, Blood Test and Minor Surgery.

NON IRRITATING TO SKIN

Saturated with Tinct. Benzethonium Chloride 1:1000. Isopropanol 50%

NOW
$4.95
Per 1000

• Save Money!
• Save Effort!
• Save Time!

"Our 28th Year"

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. J. E. Spargo, Wheeling
President Elect: Mrs. J. C. Huffman, Buckhannon
First Vice President: Mrs. Julian R. Lewin, Beckley
Second Vice President: Mrs. Charles L. Leonard, Elkins
Third Vice President: Mrs. George T. Evans, Fairmont
Fourth Vice President: Mrs. Wm. A. Thornhill, Jr., Charleston
Treasurer: Mrs. R. R. Pittman, Marlinton
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. Chesterfield J. Holley, Bridgeport, Ohio
Parliamentarian: Mrs. Charles L. Goodhand, Parkersburg

KANAWHA

The Woman's Auxiliary to Kanawha Medical Society honored new members and the wives of internes and residents in Charleston hospitals with a coffee at the Kanawha Country Club on September 11. Mrs. V. E. Holcombe and Mrs. R. H. Walker, past presidents, presided at the coffee table.

Mrs. W. Paul Elkin, the president, was in charge of the business session which followed the coffee. The following projects were approved for the coming year: (1) The Clothing Chest, supplying needy school children and the DPA Child Welfare Department; (2) the Hearing Aid Program in the schools, in which members serve as volunteers in screening students; (3) the Cancer Closet, providing dressings and supplies for cancer patients.

Volunteer workers for these projects were enrolled at the meeting.

Mrs. J. Paul Aliff, the president elect, introduced the new members of the Auxiliary. They were Mesdames Russell L. Heinlein, Michael Kovacavich, Harold B. Sunday, R. T. Linger, Edwin R. McCoy, Joseph M. Straughan and Carl Roncaglione.—Mrs. U. C. Lovejoy, Correspondent.

Understanding the Alcoholic

The process of fermentation became a problem of mankind, probably long before Shem and Japhet covered their drunken father's nakedness, and the art of the distiller has done little to abate it. Attempts have been made over the years to break the spell that drink has cast upon the Western world, but, based on emotionalism and duress, they have been largely ineffective. Only the faith of Islam seems to have been relatively successful in controlling this desire and quenching the thirst.

Psychiatry and pharmacology and the consideration of the drunkard as a person who is ill or unfortunate, rather than as one who is wicked or contemptible, have opened up a new concept of the problem in recent years. The occurrence of drunkenness will no more be abolished than the use of alcohol will be or should be banned, but it is reasonable to hope that eventually the first will cut down and the second brought under reasonable control.—New England Journal of Medicine.

Book Reviews

THE RECOVERY ROOM—Immediate Postoperative Management—Max S. Sadove, M. D., and James H. Cross, M. D. Pp. 597 with illustrations. Philadelphia and London: W. B. Saunders Company. 1956. Price $12.00.

This volume on "The Recovery Room" is not a handbook, although it can be used as such. It is a thorough treatise of the whole subject of an intensive therapy room and the pre- and postoperative management of the surgical patient.

The authors go rather beyond a mere discussion of the recovery room phase for the surgical patient in discussing also the medical patient, emergency surgery, and burns. For that reason, their term "Intensive Therapy Unit" is more to be desired than "Recovery Room". Additionally, the authors have exceeded what might be expected in such a treatise by discussing not only the treatment or obviation of problems in the recovery room period, but also have in many instances outlined the whole of postoperative care.

The initial chapter outlines the importance, use, and function of the Intensive Therapy Unit and gives pictures and lists of the equipment needed, as well as demonstrating methods of setting up such a unit with different available facilities. Following this, a chapter on the Principles of Recovery Room Management is presented with respect to the general problem involved.

"The mercurial diuretics have the justified reputation of being the most powerful and consistently effective of all diuretic drugs."*

TABLET
NEOHYDRIN®

*Gaadman, L. S., and Gilman, A.: The Pharmacalogical Basis af Therapeutics, ed. 2, New Yark, The Macmillan Campany, 1955, p. 847.

07756

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING, AUDITING, TAX RETURNS

the Emblems of RELIABLE PROTECTION

We cordially invite your inquiry
for application for membership
which affords protection against
loss of income from accident and
sickness as well as benefits for
hospital expenses for you and
all your dependents.

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

Since 1902

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

Chapter 3 discusses management of circulation, shock, respiration, and nutrition, with helpful drawings and charts. Chapters 4 to 19, inclusive, discuss the individual surgical specialities and the preoperative, postoperative, and recovery room prevention and management of complications. These have been written by one or more specialists in the respective fields. Chapter 20 is entitled "Management of Medical Problems".

The final chapter is devoted to nursing care in the recovery room, giving detailed instructions to the nurse in regard to the proper techniques in the care and recognition of the problems encountered in the recovery room.

This book will prove of value to those desiring to set up a recovery or intensive therapy unit, giving the arguments for it and providing detailed information on the equipment and needs. The house officer who is called upon to take care of postoperative patients will profit from a thorough understanding of the principles and techniques given, whether he has a recovery room or not in which to take care of his patients.

The medical house officer will find value in the chapter on medical problems. The nursing supervisor of an intended unit can find much that will help her here in running her unit efficiently and valuably. The final chapter on nursing care may well be given to the recovery room nurse and used by those who need to instruct nurses in recovery room technique.

There may be objection to the inclusion of preoperative and postoperative detail beyond that required for a strict consideration of the recovery room phase, including information concerning the time to remove sutures, et cetera, but thirty pages of index will help one to find the specific information he may be seeking.

This book makes a valuable contribution to surgical literature and the wealth of information presented is indicative of the effort made to present a complete consideration of the recovery room.—Donal C. Edwards, M. D.

* * * *

THE MANAGEMENT OF MENSTRUAL DISORDERS—By C. Frederick Fluhmann, B. A., M. D., C. M., Clinical Professor of Obstetrics and Gynecology, Stanford University School of Medicine, San Francisco. Pp. 350, with 121 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $8.50.

"The Management of Menstrual Disorders" by Dr. C. Frederic Fluhmann is a fine book for the physician's library. It is written particularly for the general practitioner but I believe that most physicians will find valuable information in this book which will be of practical value to them.

The approach which the author makes to the problem of diagnosis is short but concise and complete. The normal physiology of the pelvic organs and their interrelationships are well presented and the abnormalities that occur are explained clearly and in an understanding fashion.

The approach to treatment as recommended by the author follows mostly the conservative pattern but the most acceptable methods of treatment used today are discussed. In addition, the last chapter lists the names

and the manufacturers of the common hormones and also their usual dosage. This is an excellent ready reference.

The book is well written and illustrated. For more detailed discussion of any subject presented, there is an adequate reference at the end of each chapter. The book is a very fine treatise on the subject, and the reviewer recommends it to the profession.—Raymond W. Cronlund, M. D.

Books Received

CANCER CELLS—By E. V. Cowdry, Director, Wernse Cancer Research Laboratory, Washington University, St. Louis, Missouri. Pp. 677, with 137 figures. 1955. Philadelphia and London: W. B. Saunders Company. Price $16.00.

• • •

OBSERVATIONS ON KREBIOZEN IN THE MANAGEMENT OF CANCER—By A. C. Ivy, Ph. D., M. D., John F. Pick, M. D., and W. F. P. Phillips, M. D. Pp. 88, with numerous illustrations. Henry Regnery Company, Chicago, Ill. 1956. Price $2.50.

• • •

A MODERN PILGRIM'S PROGRESS FOR DIABETICS—Garfield G. Duncan, M. D., Clinical Professor of Medicine, Jefferson Medical College, and Director of the Medical Division, Pennsylvania Hospital and Benjamin Franklin Clinic, Philadelphia. Pp. 222. Philadelphia and London: W. B. Saunders Company. 1956. $2.50.

ANNUAL CLINICAL CONFERENCE

Chicago Medical Society

MARCH 5, 6, 7 AND 8, 1957—PALMER HOUSE, CHICAGO

- Lectures
- Daily Teaching Demonstrations
- Medical Color Telecasts

THE CHICAGO MEDICAL SOCIETY ANNUAL CLINICAL CONFERENCE should be a MUST on the calendar of every physician. Plan now to attend and make your reservation at the Palmer House.

MONODRAL® WITH MEBARAL®

ANTICHOLINERGIC • SEDATIVE

in peptic ulcer management

- relieves pain promptly
- reduces tension safely
- tranquilizes without dulling
- well tolerated
- promotes healing
- maintains anacidity for hours
- controls hyperactivity of upper gastro-intestinal tract

MONODRAL with MEBARAL—the "psychovisceral stabilizer"—provides for patients with ulcer and gastro-intestinal spasm an effective barrier against the impact of environmental stimuli . . . controls gastric hypersecretion and hypermotility for three and one half to five hours.*

EACH TABLET CONTAINS:
MONODRAL bromide..... 5 mg.
MEBARAL.....32 mg.

DOSAGE: 1 or 2 tablets three or four times daily.
Available on prescription only.
Bottles of 100 tablets.

Winthrop Laboratories New York 18, N. Y.

Monodral (brand of penthienate) and Mebaral (brand of mephobarbital), trademarks reg. U. S. Pat. Off.

*References and clinical trial supplies available on request.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hole Street **Charleston, W. Va.**

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery
DONAL C. EDWARDS, M. D., Surgery

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophthalmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Littan, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia ***Telephone WI 9-4842***

EPILEPSY AND THE LAW—By Roscoe L. Barrow and Howard D. Fabing, M. D. Pp. 177. Paul B. Hoeber, Inc., 49 East 33rd Street, New York 16, N. Y. 1956. Price $5.50.

* * *

AGEING IN TRANSIENT TISSUES (Ciba Foundation Colloquia on Ageing)—By G. E. W. Wolstenholme, O. B. E., M. A., M. B., B. Ch., and Elaine C. P. Millar, A. H. W. C., A. R. I. C. Pp. 263, with 96 illustrations. Little Brown and Company, Boston, Mass. 1956. Price $6.75.

* * *

ROENTGEN SIGNS IN CLINICAL DIAGNOSIS—By Isadore Meschan, M. A., M. D., with the assistance of R. M. F. Farrer-Meschan, M. D., B. S. Pp. 1058, with 2216 illustrations on 780 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $20.00.

* * *

DERMATOLOGY—By Donald M. Pillsbury, M. A., D. Sc. (Hon.), M. D., Walter B. Shelley, M. D., Ph. D., and Albert M. Kligman, M. D., Ph. D. Pp. 1331, with 564 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $20.00.

* * *

PERINATAL MORTALITY IN NEW YORK CITY—A Study of 955 Deaths—By the Subcommittee on Neonatal Mortality, Committee on Public Health Relations, The New York Academy of Medicine. Analyzed and Reported by Schuyler G. Kohl, M. D. Pp. 112. Published for The Commonwealth Fund by the Harvard University Press, 44 Francis Avenue, Cambridge 38, Massachusetts. 1955. Price $2.50.

Graduate Traineeship Program Announced by USPHS

Announcement has been made by Dr. N. H. Dyer, State Director of Health, that traineeships established by the United States Public Health Service are available for graduate or specialized public health training for physicians, nurses, sanitary engineers, nutritionists, medical social workers, dentists, health educators, veterinarians, and others whose professional skills are required in modern public health practice. The program is also set up to include bacteriologists and laboratory workers.

Applicants must be citizens of the United States or have declared their intention of becoming citizens (received first citizenship papers), and in addition, must meet the following requirements:

Post-doctoral candidate—A doctoral degree from an accredited college or university.

Post-master's candidate—A master's degree from an accredited college or university.

Post-bachelor's candidate—A bachelor's degree from an accredited college or university.

Pre-bachelor's candidate — Those individuals, such as nurses and dental hygienists, who have taken their basic professional training, are currently licensed in one state, and are eligible for graduate or specialized public health training.

All applicants must be accepted by the training institution before applying for a traineeship under the program. Approximately 250 such traineeships are available for the fiscal year ending June 30, 1957. Full information concerning the traineeship program may be obtained by writing Dr. N. H. Dyer, State Director of Health, The Capitol, Charleston 5, W. Va.

An old-timer is one who can remember when the miracle drugs were mustard plasters and castor oil.—The Medicovan.

HORMOGEN R-A (Rapid Action)

HORMOGEN R-A (Rapid Action) combines the fast action of water-soluble Potassium Estrone Sulfate with the prolonged action of water-insoluble Estrone. Patient is gratified by the immediate relief and you have immediate insight into the effectiveness of the medication. Because of prolonged action, injections can be spaced 3 to 7 days apart.

HORMOGEN R-A: Aqueous suspension in 10 cc. multiple dose vial: each cc. represents Estrone U.S.P. 2 mgs., Potassium Estrone Sulfate 1 mg.

INDICATIONS: Menopause syndrome, for control of uterine bleeding of endocrine origin, senile vaginitis, kraurosis vulvae and puritis vulvae.

DOSAGE: ½ cc. to 1 cc. once or twice a week.

Write for Literature

There's Always A Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

Combined for u

on

resistant

new

METRETON *tablets*

METICORTEN (PREDNISONE) PLUS CHLOR-TRIMETON WITH ASCORBIC ACID

For prompt and effective relief, especially in many resistant allergic disorders, METRETO affords the benefits of two established agents with unexcelled anti-inflammatory, ant allergic and antipruritic effectiveness. ***supported by essential vitamin C***—for stre support and for postulated effect on prolonging steroid action ***no better corticostero*** —original brand of prednisone...minimal electrolyte effects—METICORTEN ***no better ant histamine***—unexcelled in potency and freedom from side effects—CHLOR-TRIMETO effective against hay fever, pollen asthma, perennial rhinitis, acute and chronic urticari angioneurotic edema, drug reactions, inflammatory and allergic eye disorders, prurit and contact dermatoses.

formula: Each tablet of METRETON provides 2.5 mg. of METICORTEN (prednisone), 2 mg. of CHLOR-TRIMET maleate (chlorprophenpyridamine maleate), and 75 mg. ascorbic acid.

supplied: METRETON Tablets, bottles of 30 and 100.

frontal attack allergies

new

METRETON *nasal spray*

METICORTELONE (PREDNISOLONE) PLUS CHLOR-TRIMETON

quickly clears nasal passages • avoids rebound engorgement and sympathomimetic side effects • safe even for cardiacs, hypertensives, children, pregnant patients •

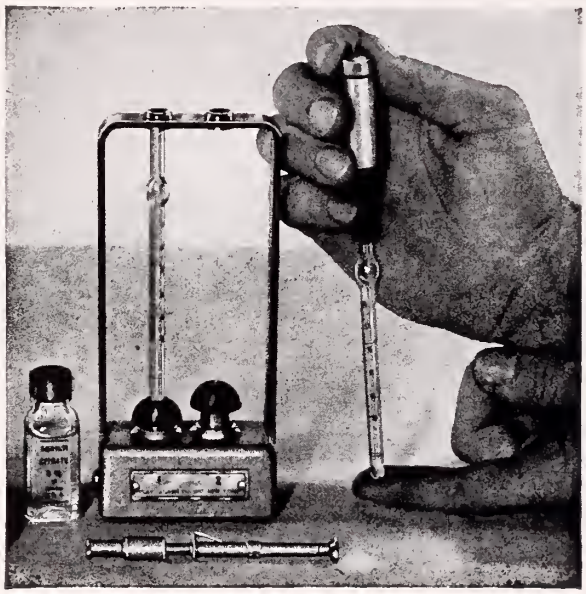
Composition: Contains 2 mg. (0.2%) METICORTELONE acetate (prednisolone acetate) and 3 mg. (0.3%) of CHLOR-TRIMETON gluconate (chlorprophenpyridamine gluconate) in each cc.

Packaging: 15 cc. plastic "squeeze" bottle, box of 1.

METRETON,* brand of corticoid-antihistamine compound; METICORTEN,* brand of prednisone; METICORTELONE,® brand of prednisolone; CHLOR-TRIMETON,® brand of chlorprophenpyridamine preparations. *T.M.

MT-J-576

Schering



Do blood sedimentation tests on home visits

The Landau-Adams Microsedimentation Apparatus quickly and accurately checks blood sedimentation. Completely portable, any physician can take it along on calls or use it in office and hospital.

Check these features:

- Lightweight, portable
- Eliminates venipuncture—only 2 drops of blood needed per test (an important factor in small children and corpulent adults)
- Test made in apparatus itself—no transferring to other pipettes necessary
- Saves time—cuts errors

LANDAU-ADAMS Microsedimentation Apparatus, complete as illustrated in attractive wooden case, with directions for use—

Each $16.50

KLOMAN INSTRUMENT CO., INC.

1024 Quarrier Street

Charleston 1, West Virginia

Correspondence

J. HOWARD ANDERSON, M. D.
89 Maple Avenue
Welch, W. Va.

September 4, 1956.

Mr. Charles Lively, Executive Secretary,
West Virginia State Medical Association,
Charleston, West Virginia.

Dear Mr. Lively:

Your official notification of the honor conferred upon me by the House of Delegates of the West Virginia State Medical Association at their 1956 Annual Meeting by electing me as "General Practitioner of the Year" has been received.

To say the least, this honor is most highly appreciated and comes, as it were, as a crowning glory to many years of hard but most rewarding work.

My reaction is one of unbounded appreciation, mingled with gratitude to my fellows who conferred this honor, and truly a certain deep feeling of humility.

May I not express thanks to all who played a part in conferring this honor and destinction upon me.

Gratefully,

(Signed) J. Howard Anderson.

"Patients without primary renal disease, but with albuminuria and high nonprotein nitrogen due to congestive circulatory changes, can be adequately and safely treated with Neohydrin for long periods of time."*

*Griffith, G. C.; Dimitroff, S. P., and Thorner, M. C.: Ann. Int. Med. 45:7, 1956.

07656

Westbrook Sanatorium
RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

THE SCHOOL OF MEDICINE
West Virginia University
Morgantown

September 8, 1956

Mr. Charles Lively, Executive Secretary,
Box 1031,
Charleston 24, W. Va.

Dear Mr. Lively:

This is to acknowledge with thanks your letter of September 5.

I wish to thank you and the Council for the books donated to the Medical Center Library. I have not yet had occasion to go over these volumes, but am sure that many of them will be a welcome addition to our growing medical library.

As you know, we have a lot of space in our new library, and all gifts are welcome. Mr. Alderson Fry, our medical librarian, tells me that he can always use duplicates for exchange purposes.

At your convenience will you please extend my thanks to the members of the Council.

Cordially yours,

(Signed) Edward J. Van. Liere, M.D.
Dean

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service — W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M.A.
Director, School of Nursing

Richard E. Shearer, D.D.
President

George E. Riday, M.Ed.
Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

State Bar Arranges Symposium On Medico-Legal Problems

Dr. Walter E. Vest of Huntington will be one of the principal speakers at the annual meeting of the West Virginia State Bar, which will be held at the Chancellor Hotel in Parkersburg, October 12-13.

Doctor Vest, together with former Governor Homer A. Holt of Charleston, will lead a panel discussion on subjects of mutual interest to members of the medical and legal professions, including malpractice and testimony in court. They will also discuss the proposed Interprofessional Code for physicians and attorneys in this state.

Doctor Vest and Governor Holt appeared as guest speakers at the Medico-Legal Symposium which was held on August 22 in connection with the 89th annual meeting of the West Virginia State Medical Association at the Greenbrier, in White Sulphur Springs.

Medical School Appointments

Dr. Lawrence L. Duncan, a native of Charleston, has been named assistant professor of pathology at West Virginia University. He is a graduate of West Virginia Institute of Technology and West Virginia University School of Medicine, and received his M. D. degree from Baylor University College of Medicine, Houston.

He interned at Henry Ford Hospital in Detroit and has just completed a residency in surgery at the Veterans Administration Hospital in Houston, Texas.

Dr. Frederick Jackson Lotspeich, who was born in Keyser, has been named assistant professor of biochemistry. He received his B.S. and M.S. in chemistry at West Virginia University, 1948-52, and his Ph.D. in chemistry at Purdue University, 1954. He served as assistant professor of chemistry at Simpson College, Indianola, Iowa, for the past two years.

Suicide and the Physician

Though cultural and religious mores concerning self-destruction vary over the world, such acts in our culture can be considered symptomatic of an underlying emotional illness. The family physician can, by proper diagnostic acumen and management, play a significant role in the area of preventive medicine.

The proper management of an attempted suicide requires that the physical needs of the patient be met and the underlying emotional illness be recognized and adequately treated.

In order to prevent suicides, we must be constantly aware that the possibility exists in any emotionally disturbed person. We must be watchful for significant signs and symptoms.

Where suicidal preoccupation is suspected, it should be tactfully investigated.—Paul M. Kersten, M. D., in J. Iowa St. Med. Soc.

The biological research on aging of today is the geriatrics of tomorrow.—Albert I. Lansing, Ph. D., in Bulletin N. Y. Acad. Med.

EVERY WOMAN
WHO SUFFERS
IN THE
MENOPAUSE
DESERVES
"PREMARIN"®

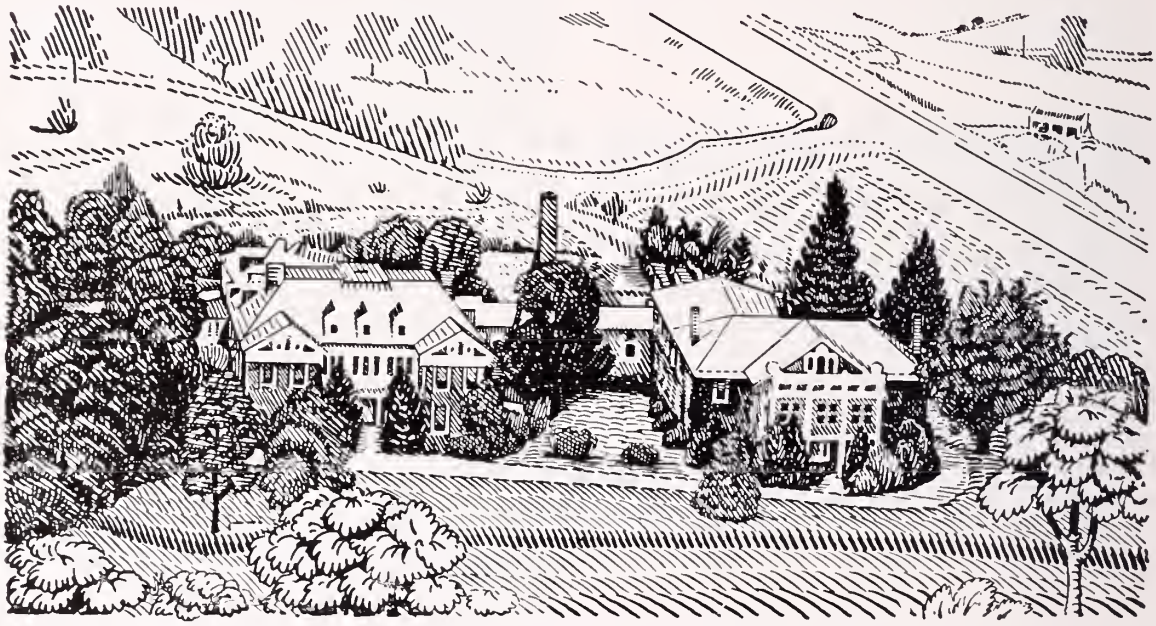
widely used
natural, oral
estrogen

AYERST LABORATORIES
New York, N. Y. • Montreal, Canada
5646

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

THRIFT LOAN & FINANCE CORPORATION
Hawley Building
Wheeling, West Virginia

This Corporation is engaged primarily in the small loan business, which loans are repayable in equal monthly installments ranging between one and twenty months. It conducts a small loan business with three small loan licenses having been obtained from the West Virginia Department of Banking for locations in Ripley, Ravenswood and Paden City. Active offices are maintained in Ripley and Ravenswood.

The following issues are being offered to the public:

6% $100.00 debentures — total issue $50,000.00
6% $ 50.00 debentures — total issue $50,000.00

The offering circular may be obtained either by telephoning CEdar 2-0830 in Wheeling, W. Va., or by detaching the following and mailing it.

- -

Thrift Loan & Finance Corporation
Hawley Building
Wheeling, West Virginia

Please send me a copy of the offering circular relating to the debenture issue of Thrift & Loan Finance Corporation.

Name _____

Address _____

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. **CINCINNATI 2, OHIO**

One of the Five Patient Units

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

Harrison S. Evans, M. D., Medical Director
George T. Harding, M. D., President of Board
L. Harold Caviness, M. D., Clinical Director
Charles W. Harding, M. D.

TELEPHONE: Columbus TUxedo 5-5381

Relax the best way ... pause for Coke

continuous quality is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

The General Was a Lady!

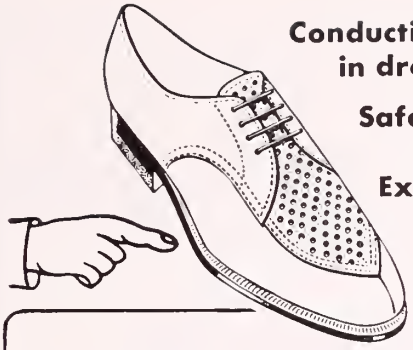
Those induction station physicals again . . . Dr. James Barry served fifty-two years in the British Army, became a General in the Army Medical Corps. Not until the General's death in 1865 was it discovered that Doctor Barry was a woman.—Wm. B. McCunniff, M. D., in Missouri Medicine.

FOR SALE—Castle water, instrument and autoclave sterilizer; Rochester examination and treatment table; scales; Hanovia Alpine light; two white, steel and plate glass instrument cabinets; two white steel bedside tables; and one lot of assorted surgical and treatment and diagnostic instruments. Write T. E. Vass, M. D., 714 Edgewood Road, Bluefield, West Virginia.

FOR SALE—X-Ray machine and radium. Write Room 1111 First Huntington National Bank Building, Huntington, or phone Huntington 2-6894.

WANTED—Two Staff Physicians for 2,200-bed State (mental) Hospital; must be qualified for State license; active outpatient clinic; salary $5500, plus maintenance.—H. Sinclair Tait, M. D., Supt., Weston State Hospital, Weston, West Virginia.

FOR SALE—Complete line of drugs, instruments, scales and office furniture for sale. Property of the late J. H. Ferguson, M. D. Write or phone Mrs. J. H. Ferguson, 215 Wilson Street, Ravenswood, West Virginia.



Conductive Shoe in dress style

Safety from Fire and Explosion★

- Insole extension and wedge at inner corner of heel where support is most needed.
- The potented arch support construction is guaranteed not to break down.
- Innersoles guaranteed not to crack or collapse.
- Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.

★ Conductive Shoes for surgical and operating room personnel. N.B.F.U. specificatians.

- We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.
D. A. MacGregor, M. D.
Albert M. Valentine, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

MEDICAL MSS.

Advice and aid in preparation of scientific papers for publication. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hampton Road Charleston, West Va.

DOCTOR—

• WE CAN SERVE
YOU COMPLETELY
PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

♦

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

♦

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
803 Atlas Building
Charleston, W. Va.
Phones: Off. 3-5472, Res. 6-1212

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Dermatology and Corrective Surgical Planing of Skin
(Kurtin Technique)
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and
American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

Directory of Physicians in Limited Practice

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

This Space for Sale

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
Diplomate American Board of Neurological Surgery
815 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, CEdar 3-3252; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
CARL J. RONCAGLIONE, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
Phone 2-4493
1210 Virginia St., E. — Charleston, W. Va.

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone DIckens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
A. ADAM, M. D.
1123 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
412 Medical Arts Bldg. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

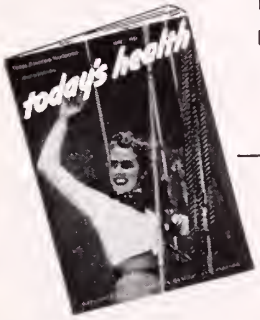
WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown Kanawha City
1034 Quarrier St. At Foot of Bridge

today's health a must!
for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

OCTOBER ADVERTISERS

Abbott ... xvi, xvii
Ames Company, Inc. ... *Inside Back Cover*
Ayerst Laboratories ... lv
Broaddus Hospital ... liv
Burroughs Wellcome ... xxxiv, xlii, xliii
Charleston Engraving Company ... xlviii
Chicago Medical Society ... xlvii
Ciba Pharmaceutical Products ... xii
Coca-Cola Co. ... lviii
Corn Products Refining Co. ... x
Daniel Boone Hotel ... lx
Feick Brothers ... lx
Foot-So-Port Shoe Co. ... lix
Geigy Pharmaceuticals ... xx
General Electric ... xxvi
Harding Sanitarium ... lviii
Keeley Institute ... liv
Kloman Instrument Company, Inc. ... lii
Knox Gelatine Co. ... xi
Lakeside Laboratories ... xxi, xlv, liii
Lederle Laboratories ... v, xxxv, 338, 339
Lilly, Eli and Company ... *Front Cover*, xl
Mallard, Inc. ... xlix
Marmet Hospital ... xlviii
McMillen Sanitorium ... lx
Medical Arts Supply Co. ... xliv
Merck Sharp & Dohme ... xxii, xxiii, xxvii
Morris Memorial Hospital ... xii
Myers Clinic ... xlviii
Parke, Davis & Company ... ii, iii, xxviii, xxix
Patton Adjustments ... lxiv
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ... xiii, xxxii, xxxiii
Physicians Casualty Association ... xlvi
Physicians & Dentists Business Bureau ... xlv
Physicians Products Company ... xxxvi
Picker X-Ray Corp. ... viii
Riker Laboratories ... xxxi
St. Albans Sanitarium ... lvi
Schering ... vi, vii, xxxviii, xxxix, l, li
Schmid, Julius, Inc. ... xiv
Searle, G. D. & Company ... 365
Smith, Kline & French Laboratories ... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp ... xxx
Thrift Loan & Finance Corp. ... lvii
Upjohn ... xxv
Viceroy Cigarettes ... xviii
Wallace Laboratories ... xix
Westbrook Sanatorium ... liii
Wheeling Clinic ... lix
Winthrop Laboratories ... xxiv, xlvii
Wocher's ... lvii
Wyeth, Inc. ... ix, xv, xxxvii, xli

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

quick

YES

or

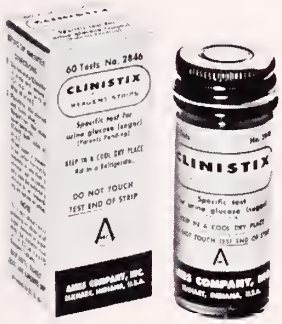
NO

test

CLINISTIX®

BRAND Reagent Strips

specific enzyme test for urine glucose



◀ routine office testing
bottles of 60 CLINISTIX Reagent Strips

daily check by mild diabetics, ▶
well-controlled diabetics
packets of 30 CLINISTIX Reagent Strips
in new protective foil pouch

utmost simplicity and convenience...A firm, easily handled CLINISTIX Reagent Strip is moistened with urine.

qualitative accuracy...CLINISTIX Reagent Strip turns blue only if glucose is present. No blue color—no glucose!

Ames Company, Inc • Elkhart, Indiana • Ames Company of Canada, Ltd., Toronto 18256

'Thorazine' relieved this patient's anxiety, tension and fear and made it possible for him to return to work.

'THORAZINE' CASE REPORT

patient: Anxiety, tension, and a fear of going out alone made it impossible for this 36-year-old man to work. After other treatments had failed he was given 'Thorazine'.

response: "On 'Thorazine' medication, 100 mg. orally, daily, his anxiety and apprehension disappeared rapidly. The patient was able to go out alone and to work once again. His mood was actually gay and his co-workers were surprised at this change. He was now free from care whereas before he had been distressed by the slightest difficulty."

This case report is from the files of a general practitioner.

THORAZINE*

Available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

Smith, Kline & French Laboratories, Philadelphia

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

ACKS

THE WEST VIRGINIA

Medical Journal

OFFICIAL ORGAN OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

Contents on Page IV — Index to Advertisers on Page LXXVIII

VOL. 52, NO. 11 NOVEMBER, 1956

NOV 14 1956

Makes your therapy safe and pleasant as well as effective

ILOTYCIN

(Erythromycin, Lilly)

successfully attacks the pathogens you commonly encounter but avoids serious and disturbing side-effects.

Tablets, pediatric suspensions, drops, I.M. and I.V. ampoules.

552113

you can count on cooperation when you

When you prescribe SUSPENSION CHLOROMYCETIN PALMITATE for sick youngsters, no tears or tantrums at medicine time threaten your dosage schedule. Children readily accept this tempting, custard-flavored preparation of CHLOROMYCETIN (chloramphenicol, Parke-Davis). Succeeding doses are taken as readily as the first, because SUSPENSION CHLOROMYCETIN PALMITATE is easy to swallow and leaves no unpleasant aftertaste.

To simplify therapy still further, SUSPENSION CHLOROMYCETIN PALMITATE does not require refrigeration and may be kept conveniently in the sickroom. Its liquid form enables flexibility of dosage easily.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

spension

Chloromycetin®
Palmitate

pleasant-tasting Chloromycetin for pediatric use

Supplied: SUSPENSION CHLOROMYCETIN PALMITATE, containing the equivalent of 125 mg. of CHLOROMYCETIN per 4 cc., is available in 60-cc. vials.

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY DETROIT 32, MICHIGAN

50030

NOVEMBER
1956

Vol. 52 No. 11

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charleston

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

Member 1956

CONTENTS

Scientific Articles

Tuberculous Meningitis—W. L. Cooke, M. D. 371
Pseudosociopathic Schizophrenia—A. A. Milburn, M. D., and Mrs. Mary N. Goff, M. A. 374
Antispastic Sedative Medication in Urologic Procedures (Preliminary Report)—John F. McCuskey, M. D., and E. Burl Randolph, M. D. 379
A New Method of Skin Closure—Anne LeCroy, Ph.D., and Paul Williamson, M. D. 381

Special Article

Seventy-Five Years of Public Health in West Virginia—N. H. Dyer, M. D., M. P. H. 385

The President's Page

Guest Author, Edward J. Van Liere, M. D., Dean, West Virginia University School of Medicine 392

Editorials

Narcotic Permit A Must 393
A Giant Passes 393
Tuberculosis Still A Major Problem 394
Foreign Doctors Fill Void 394
Carbon Monoxide Poisoning 395
A Time to Give 395

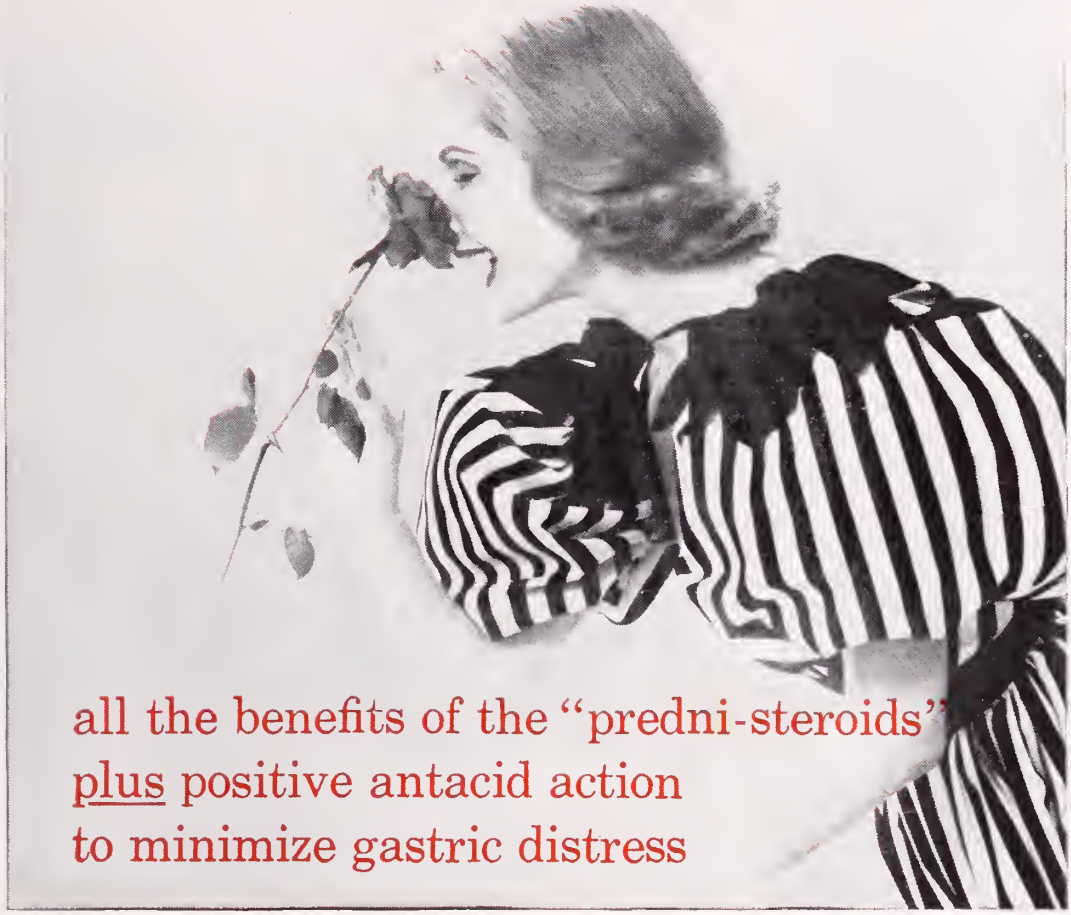
General News

Proceedings of Rural Health Conference 396
GP Postgraduate Meeting at Martinsburg 400
Southern Medical in Washington 401
AMA Clinical Meeting at Seattle 404
New Central Cancer Registry 406

Special Departments

The Month in Washington xlviii
Obituaries l
County Societies lii
The Woman's Auxiliary lvii
Book Reviews lxiii
Correspondence lxix
Directory of Physicians in Limited Practice lxxv
Index to Advertisers lxxviii

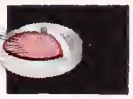
in respiratory allergies



all the benefits of the "predni-steroids"
plus positive antacid action
to minimize gastric distress

ROUTINELY ACHIEVED WITH **'Co-Deltra'**
(Prednisone Buffered)

Multiple Compressed Tablets



'Co-Hydeltra'
(Prednisolone Buffered)

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* 158:459 (June 11) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are trademarks of* MERCK & CO., INC.

Combined for

on

resistant

new

METRETON *tablets*

METICORTEN (PREDNISONE) PLUS CHLOR-TRIMETON WITH ASCORBIC ACID

For prompt and effective relief, especially in many resistant allergic disorders, METR affords the benefits of two established agents with unexcelled anti-inflammatory, a allergic and antipruritic effectiveness. *supported by essential vitamin C*—for s support and for postulated effect on prolonging steroid action *no better corticoste* —original brand of prednisone...minimal electrolyte effects—METICORTEN *no better a histamine*—unexcelled in potency and freedom from side effects—CHLOR-TRIM effective against hay fever, pollen asthma, perennial rhinitis, acute and chronic urtic angioneurotic edema, drug reactions, inflammatory and allergic eye disorders, pru and contact dermatoses.

formula: Each tablet of METRETON provides 2.5 mg. of METICORTEN (prednisone), 2 mg. of CHLOR-TRIM maleate (chlorprophenpyridamine maleate), and 75 mg. ascorbic acid.

supplied: METRETON Tablets, bottles of 30 and 100.

frontal attack

allergies

new

METRETON *nasal spray*

TICORTELONE (PREDNISOLONE) PLUS CHLOR-TRIMETON

uickly clears nasal passages • avoids rebound engorgement and mpathomimetic side effects • safe even for cardiacs, hypertenves, children, pregnant patients •

mposition: Contains 2 mg. (0.2%) METICORTELONE acetate (prednisolone acee) and 3 mg. (0.3%) of CHLOR-TRIMETON gluconate (chlorprophenpyridamine iconate) in each cc.

ckaging: 15 cc. plastic "squeeze" bottle, box of 1.

TRETON,* brand of corticoid-antihistamine compound; METICORTEN,* brand of prednisone; TICORTELONE,® brand of prednisolone; CHLOR-TRIMETON,® brand of chlorprophenpyridamine parations. *T.M.

MT-J-576

Schering

little

How to win friends ...

The Best Tasting
Aspirin you can prescribe.

The Flavor Remains Stable
down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION
of Sterling Drug Inc.
1450 Broadway, New York 18, N. Y.

for the elephantine appetite, give

"will power by mouth"

Ambar™

tablets · extentabs®

Robins

an effective psycho-normalizer, to curb the emotionally spurred appetite

Robins

	In each *Tablet*	*Extentab*
Methamphetamine	3.33 mg.	10.0 mg.
Phenobarbital	21.6 mg. (1/3 gr.)	64.8 mg. (1 gr.)

Methamphetamine for central nervous stimulation (more potent than amphetamine) • with phenobarbital control, in optimal ratio • as plain Tablets — or as Extentabs®, that work all-day on a single dose

A. H. ROBINS CO., INC., Richmond 20, Virginia
Ethical Pharmaceuticals of Merit since 1878

good response in 79% of cases* of Psoriasis

when treated in controlled tests as a manifestation of disordered metabolism, by administration of Entozyme

*Ingels, A. H.: California Medicine 79:437, 1953.

Entozyme®

TABLETS

(Comprehensive Digestive Enzyme Replacement)

Robins

A. H. ROBINS CO., INC.
RICHMOND 20, VIRGINIA
Ethical Pharmaceuticals of Merit since 1878

In each tablet:
Pepsin N.F. ..... 250 mg.
in gastric-soluble coating

Pancreatin U.S.P. 300 mg.
Bile Salts ..... 150 mg.
in enteric-coated core

Specializing

in your patients' HOSPITAL, SURGICAL and MEDICAL insurance problems makes the local AMERICAN HEALTH AGENT a valued "Doctor's Aide."

AMERICAN HEALTH INSURANCE CORPORATION BALTIMORE MD

Complete Local Service In Your State

Because he is a specialist who focuses his attention on Health Insurance, the local American Health Agent has won a position of friendship and trust.

As a career agent in his chosen field, it is his purpose to serve both Doctor and patient as a true "friend in need" at all times, with prompt settlements, efficient service, and a sympathetic understanding of the problems of the medical profession.

American Health

INSURANCE CORPORATION

FIRST NATIONAL BANK BUILDING, BALTIMORE 2, MD.

KARO® SYRUP . . . meets the need for a highly potent source of infant carbohydrate

The need for carbohydrate, particularly during the rapid growth period of early infancy, is well recognized. One highly effective means of assuring adequate carbohydrate is by the addition of Karo syrup to the milk formula.

Karo—a balanced mixture of dextrins, maltose and dextrose—enables the feeding of larger amounts of total carbohydrate than is possible with a single sugar such as lactose or sucrose. Karo is double rich in calories and, more importantly, it is easily digested, completely utilized and well-tolerated; even by prematures and newborns.

From the standpoint of the physician, Karo permits easy adjustment of formula and safe transition from liquid to solid food. Mothers appreciate the ease of making formulas with Karo, plus its ready availability and economy. Light or dark Karo syrup may be used interchangeably since each yields 120 calories per ounce (2 tablespoons).

1906 • 50th ANNIVERSARY • 1956
CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York 4, N. Y.

Brings
new certainty to
antibiotic therapy
particularly for the
90% of patients
treated in home
or office

new
Sigmamycin*
OLEANDOMYCIN TETRACYCLINE

*TRADEMARK

a new maximum
in therapeutic
effectiveness

a new maximum
in protection
against
resistance

a new maximum
in safety and
toleration

multi-spectrum
synergistically
strengthened . . .

Sigma

OLEANDOMYCIN TETRACYCLINE

tient
pulation

mycin*

a new certainty

in antibiotic therapy, particularly for the 90% of patients treated at home and in the office

Superior control of infectious diseases through superior control of the changing microbial population is now available in a new formulation of tetracycline, outstanding broad-spectrum antibiotic, with oleandomycin, Pfizer-discovered new antimicrobial agent which controls resistant strains. The synergistic combination now brings to antibiotic therapy: (1) a new fuller antimicrobial spectrum which includes even "resistant" staphylococci; (2) new superior protection against emergence of new resistant strains; (3) new superior safety and toleration.

*TRADEMARK

Pfizer

superior control of infectious disease through superior control of the changing microbial population

new

Sigmamycin*

OLEANDOMYCIN TETRACYCLINE

A synergistically strengthened multi-spectrum antibiotic

Sigmamycin is a new antibiotic formulation providing: (1) the unsurpassed broad-spectrum activity of tetracycline, the outstanding broad-spectrum antibiotic discovered and identified by Pfizer; (2) the action of oleandomycin, the new antimicrobial agent which combats those strains, particularly among staphylococci, now resistant to tetracycline and other antibiotics.

Sigmamycin embodies a new concept in the use of antibiotics, for with this new synergistically active preparation, the development of refractory pathogens and their emergence as important sources of superinfection are more fully controlled.

New superior safety and toleration—Sigmamycin brings to antibiotic therapy new superior safety, new unexcelled toleration because: (1) tetracycline, an outstandingly well-tolerated antibiotic, is formulated with oleandomycin, also known to be remarkably free of adverse reactions; (2) the synergism between oleandomycin and tetracycline enhances antimicrobial potency.

Dosage: 1 to 2 capsules q.i.d.

Supplied: Capsules, 250 mg. (oleandomycin 83 mg., tetracycline 167 mg.) Bottles of 16 and 100.

*TRADEMARK

Pfizer

PFIZER LABORATORIES, *Division*, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

THE CINCINNATI SANITARIUM

ESTABLISHED 1873

A Private Psychiatric Hospital Offering Modern Diagnostic and Treatment Procedures

- Equipped to provide all modern and accepted methods of treatment.
- Ample classification facilities with qualified psychiatric nursing.
- Complete occupational therapy and recreation activities.
- Rest Cottage, a separate department for mild neurotic problems and the convalescent.
- Forty acres of park-like grounds affording activities with privacy.

. . . . . .

OWEN C. CLARK, M.D. . . . Medical Director

HENRY GRUENER, M.D. . . . Physician in Residence

DOUGLAS A. JOHNSTON, M.D. . . . Medical Director Emeritus

ISABELLE DAULTON, R.N. . . . Director of Nursing

GRACE SPINDLER, R.N. . . . Assistant Director of Nursing

ELLIOTT OTTE . . . Business Administrator

write for descriptive booklet

THE CINCINNATI SANITARIUM

5642 HAMILTON AVENUE, Cincinnati 24, Ohio

Telephone KIrby 1-0135 KIrby 1-0136

Erythrocin in treating tonsillitis and otitis externa

2/22/56 DISCHARGE SUMMARY

Patient, white male, age 4, entered the clinic on 2/13/56, with a history of yellow discharge from the right ear, a fever, and sore throat of two days duration.

Temperature orally was 100°, pharynx infected, tonsils inflamed, crusted purulent material seen in right ear canal; tympanic membrane normal. Diagnosis -- tonsillitis and otitis externa.

Culture revealed Staphylococcus aureus, coagulase positive, resistant to penicillin and sensitive to erythromycin.

ERYTHROCIN (erythromycin) was started in doses of 25 mgm/kg -- 400 mgm in 4 equally divided doses.

After 24 hours of therapy, patient was afebrile and comfortable. T = 99.6. Throat slightly infected. Secretions in ear canal were dry and both tympanic membranes were normal.

Culture on 2/15 showed no coagulase positive staphylococci or other pathogens. On 2/22, follow-up exam showed him to be completely asymptomatic and free of unusual physical findings. The drug was stopped at this time.

Final Diagnosis: tonsillitis and otitis externa due to Staphylococcus aureus.

Result: complete clinical bacteriologic cure after 9 days with ERYTHROCIN therapy.

*Communication to Abbott Laboratories

"clinical response good or excellent"

In one recent study, 18 patients with acute follicular tonsillitis and septic sore throat, were given erythromycin. Infecting organism was *Str. pyogenes*. The investigator stated, *"In all 18, the clinical response could be regarded as either good or excellent."*[1]

This, of course, is only one of many reports showing the effectiveness of ERYTHROCIN against coccic infections. You'll get the same good results (nearly 100% in common, bacterial respiratory infections) when your prescription reads *Filmtab* ERYTHROCIN Stearate.

"toxicity lower in erythromycin-treated patients"

After a study of 208 patients treated with erythromycin (78), procaine penicillin (78) and a placebo (52), the investigator stated: *". . . the incidence of toxicity* (compared to procaine penicillin) *was significantly lower in the erythromycin-treated patients."*[1]

Actually, ERYTHROCIN stands on a remarkable record of safety. After four years, there's not a single report of a severe or fatal reaction attributable to erythromycin. Also, allergic reactions rarely occur. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), is available in bottles of 25 and 100, at all pharmacies.

Abbott

® Filmtab—Film sealed tablets, Abbott; pat. applied for.

1. Herrell, W. E., Erythromycin, Antibiotics Monographs, No. 1, p. 29, New York, Medical Encyclopedia, Inc., 1955.
Idem p. 30.

filmtab®

Erythrocin® STEARATE

(Erythromycin Stearate, Abbott)

611243

Worthwhile Prescription

- *A mild to moderate antihypertensive*
- *A tranquilizer-sedative*
- *Uniform in potency*
- *Usually free from toxic side-effects*

TRANSERPIN

RESERPINE ALKALOID TABLETS

UNSURPASSED QUALITY

When diagnosis indicates tension, nervousness, hyperemotionalism, excitability, insomnia or anxiety neuroses, physicians are finding TRANSERPIN Tablets admirably useful.

TRANSERPIN—(Reserpine 0.25 MG.)—lowers the blood pressure presumably through central action. It has no influence on the postural reflexes, since it is not a ganglionic or adrenergic blocking agent.

TRANSERPIN has a tranquilizing-sedative effect admirably useful in many conditions for which barbiturates are commonly prescribed.

TRANSERPIN may be combined with more powerful antihypertensives to reduce their dosage and minimize their side-effects. Used alone TRANSERPIN reduces blood pressure gradually, moderately and safely in patients with mild hypertension.

When whole root Rauwolfia is preferred—
HYSERPIN TABLETS
in two strengths, supplying 1.0 mg. and 2.0 mg. of total alkaloids in 50 mg. and 100 mg. tablets of whole root Rauwolfia Serpentina. Triple-Standardized for uniformity. Bottles of 100 and 1000 tablets.
Specify "Hyserpin" 1.0 mg. or 2.0 mg.

TRANSERPIN: Bottles of 100 and 1000 compressed tablets (pale green) containing 0.25 mg. or reserpine in each tablet. Also supplied in 1.0 mg. for neuropsychiatric use—bottles of 100 and 1000 compressed tablets.

"WORTHWHILE PRESCRIPTION SPECIALTIES ETHICALLY PROMOTED"
PHYSICIANS PRODUCTS CO. INCORPORATED
PETERSBURG, VIRGINIA

CLINICAL SAMPLES AND LITERATURE ON REQUEST

Lysine plus vitamins

to help children eat more, grow more!

INCREMIN combines the amino acid lysine with vitamins B_1, B_6 and B_{12}—essential nutrients that stimulate appetite, and promote more efficient utilization of protein. For children who are problem eaters, for the underweight, for the generally below-normal child—INCREMIN will usually produce a remarkable and prompt improvement!

Cherry flavor. Can be mixed with milk, milk formula, or other liquid. In 15 cc. polyethylene dropper bottle.

Dosage: 0.5 to 1 cc. (10-20 drops) daily. Each cc. (20 drops) contains:

l-Lysine HCl	300 mg.
Vitamin B_{12}	25 mcgm.
Thiamine HCl (B_1)	10 mg.
Pyridoxine HCl (B_6)	5 mg.
Alcohol	1%

Excellent for the elderly! INCREMIN serves equally well to stimulate lagging appetites in geriatric patients.

New

INCREMIN*

Lysine-Vitamin Drops

Lederle LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

recognized

as a potent, specific anti-arthritic

established

by over 100 million patient days

substantiated

in more than 700 published reports

BUTAZOLIDIN®

(phenylbutazone GEIGY)

potent, specific anti-arthritic

Based on an impressive background of achievement attained over a period of four years involving both long-term and short-term therapy in all the major forms of arthritis, BUTAZOLIDIN is recognized as one of the most effective anti-arthritic agents currently available.

relieves pain

improves function

resolves inflammation

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for literature before prescribing it.

GEIGY

GEIGY PHARMACEUTICALS, Division of Geigy Chemical Corporation, New York 13, N.Y.

72556

to quiet the cough
and calm the patient . . .

Expectorant action
Antihistaminic action
Sedative action
Topical anesthetic action

PHENERGAN®
EXPECTORANT
Promethazine Expectorant with Codeine Plain (without Codeine)

Wyeth®
Philadelphia 1, Pa.

NEW

For Pain-Fre

of everyd

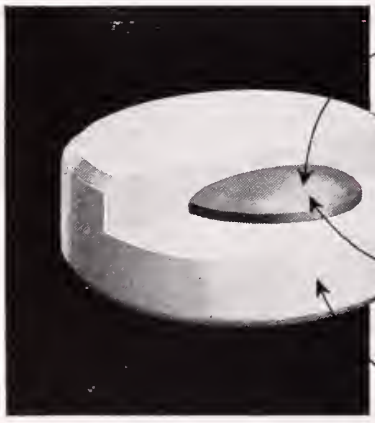
In "Rheumatism"

M*ultip*

TEMP

combine:

THE PROPER FORMULA
PROPERLY FORMULATED



Physical separation of the steroid component from the aluminum hydroxide as provided by the Multiple Compressed Tablet construction assures full potency and stability of prednisolone.

PREDNISOLONE *(1 m*

+

ASPIRIN *(0.3 Gm.)*.....

+

ASCORBIC ACID *(50 m*

+

ANTACID *(0.2 Gm.)*.....

* Early rheumatoid arthritis
Rheumatoid spondylitis
Osteoarthritis
Still's disease
Psoriatic arthritis
Bursitis
Synovitis
Tenosynovitis
Myositis
Fibrositis
Neuritis

erformance

ivities

atients

ompressed **T***ablets*

OGEN®

..... for anti-inflammatory, anti-rheumatic benefits *at effective low dosage.*

..... for analgesia plus additional anti-rheumatic activity.

..... for anti-stress support that guards against adrenal ascorbic acid depletion.
(Ascorbic Acid present as 60 mg. Sodium Ascorbate.)

..... dried aluminum hydroxide gel minimizes the possibility of gastric distress.

DOSAGE: *1-4 TEMPOGEN Tablets t.i.d. or q.i.d. (TEMPOGEN Forte, 1 or 2 tablets t.i.d. or q.i.d.) for one or two weeks. Then lower by 1 tablet every four or five days to maintenance level.*

SUPPLIED: *TEMPOGEN and TEMPOGEN Forte —in bottles of 100 Multiple Compressed Tablets. (TEMPOGEN Forte provides 2 mg. of prednisolone.)*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

24-hour control

for the majority of diabetics

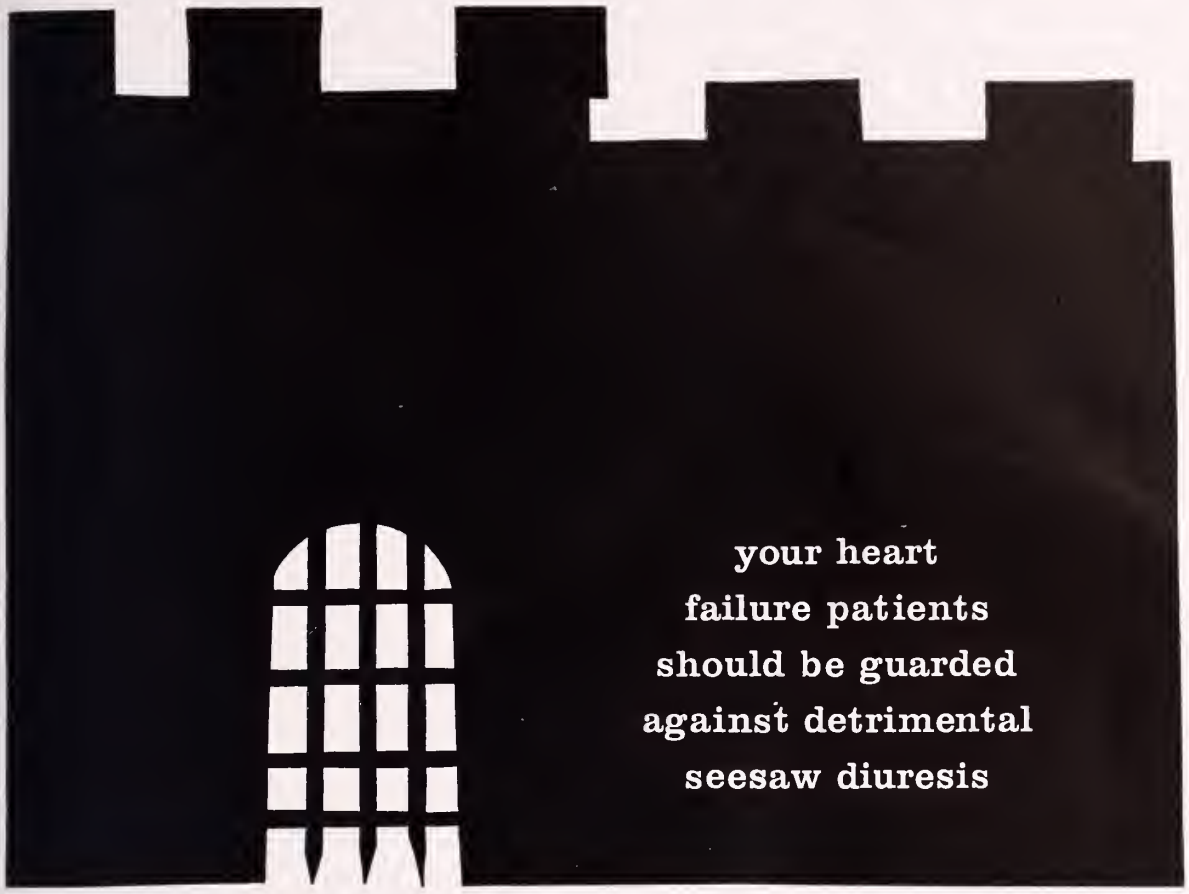
GLOBIN INSULIN

'B.W. & CO.'®

a clear solution . . . easy to measure accurately

Discovered by Reiner, Searle, and Lang in The Wellcome Research Laboratories

BURROUGHS WELLCOME & CO. (U.S.A.) INC. • Tuckahoe 7, New York



PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

Limiting dosage to once daily to avoid refractoriness, or omitting alternate days to circumvent gastrointestinal irritation—necessary with some diuretics—results in a seesaw of diuresis with fluid reaccumulation and recurrent strain on the already failing heart.

With the organomercurials, dosage is individualized and administered as needed, to produce sustained, dependable diuresis.

TABLET

NEOHYDRIN®

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM

BRAND OF MERALLURIDE INJECTION

LAKESIDE

02556

highly successful .

- faster relief of pain, photophobia
- better control of inflammation, edema, allergy
- effective against common eye pathogens
- extremely well tolerated

now available

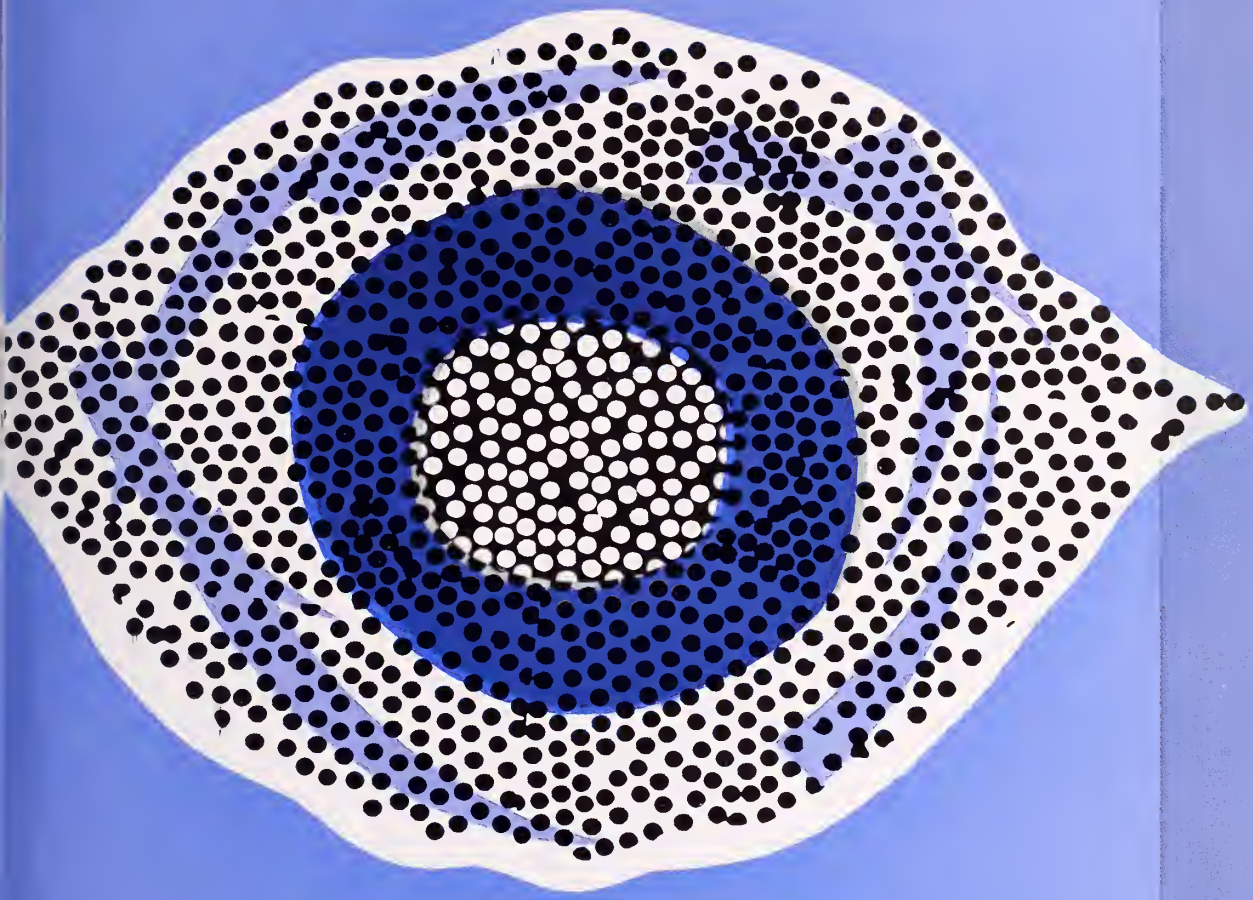
for inflammatory, allergic, infectious or traumatic eye conditions amenable to topical therapy—rapid, potent, topical Meti-steroid and anti-infective action

supplied: METIMYD Ophthalmic Suspension-*Sterile*: prednisolone acetate (METICORTELONE Acetate) 5 mg. per cc. (0.5%) suspended in an isotonic buffered and preserved solution of sulfacetamide sodium 100 mg. per cc. (10%), 5 cc. dropper bottle. METIMYD Ointment with Neomycin: each gram contains 5 mg. prednisolone acetate (METICORTELONE Acetate), 100 mg. sulfacetamide sodium and 2.5 mg. neomycin sulfate (equivalent to 1.75 mg. neomycin base); ⅛ oz. tube, boxes of 1 and 12.

METIMYD,* brand of prednisolone acetate and sulfacetamide sodium.
METICORTELONE,® brand of prednisolone.
*T.M.

MM-J-650

. in topical eye therapy



new

METIMYD*

(prednisolone acetate and sulfacetamide sodium)

Ophthalmic Suspension-Sterile

and

METIMYD

(prednisolone acetate and sulfacetamide sodium with neomycin sulfate)

Ointment with Neomycin

• antibacterial • antiallergic • anti-inflammatory

Schering

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

C I B A
Summit, N. J.

2/2228M

OFFICERS OF COUNTY AUXILIARIES

Society	President		Correspondent	
Barbour-Rondolph-Tucker	Mrs. Jomes R. Woodford	Philippi	Mrs. Fronklin Murphy	Philippi
Boone	Mrs. W. V. Wilkerson	Whitesville	Mrs. Wyson Curry	Madison
Cobell	Mrs. C. L. Terlizzi	Huntington	Mrs. W. P. Smith	Huntington
Centrol W. Va.	Mrs. A. A. Milburn	Weston	Mrs. E. H. Pertz	Weston
Eostern Panhandle	Mrs. Victor L. Glover	Mortinsburg	Mrs. J. C. Gadlove	Mortinsburg
Foyette	Mrs. Chorles E. Watkins	Oak Hlli	Mrs. J. B. Thompson	Ook Hill
Greenbrier Valley	Mrs. Eugene Morhous	White Sul. Spgs.	Mrs. Ernest Cobb	Ronceverte
Honcock	Mrs. George Naymick	Weirton	Mrs. Richard A. Rose	Weirton
Horrison	Mrs. Andrew J. Weover	Clarksburg	Mrs. J. D. H. Wilson	Clarksburg
Konawho	Mrs. W. Paul Elkin	Chorleston	Mrs. U. C. Lovejoy	Chorleston
Logon	Mrs. E. R. Chillag	Holden	Mrs. Don Westover	Holden
Marion	Mrs. Jock C. Morgon	Fairmont	Mrs. Robert G. Jones	Foirmont
Moson	Mrs. C. G. Maloney	Pt. Pleasant	Mrs. G. E. McCorty	New Haven
McDowell	Mrs. Kenneth N. Byrne	Welch	Mrs. Chorles Fey	Welch
Mercer	Mrs. Upshur Higginbothom	Bluefield	Mrs. James McGee	Bluefield
Mingo	Mrs. J. H. Smith	Williamson	Mrs. W. W. Scott	Williamson
Monongolia	Mrs. George A. Curry	Morgontown	Mrs. Hermon A. Rich	Morgontown
Ohio	Mrs. Robert M. Sonneborn	Wheeling	Mrs. Francis Goydosh	Wheeling
Potomac Volley	Mrs. Jomes Wolverton	Piedmont	Mrs. Poul Wilson	Piedmont
Preston	Mrs. W. P. Johnson, Jr.	Arthurdale	Mrs. John Trenton	Kingwood
Roleigh	Mrs. Fred Richmond	Beckley	Mrs. John J. Morro	Beckley
Summers	Mrs. J. W. Stakes	Hinton	Mrs. J. W. Hesen, Jr.	Hinton
Toylor	Mrs. C. F. Shofer	Grofton	Mrs. Poul P. Warden	Grofton
Wood	Mrs. F. P. Greene	Porkersburg	Mrs. John Bryce	Parkersburg
Wyoming	Mrs. G. F. Fordhom	Mullens	Mrs. Ward Wylie	Mullens

Sodium Restriction

A. Indications

1. Congestive heart failure
2. Hypertension
3. Cirrhosis
4. Pregnancy edema
5. Obesity

B. Management

1. Salt Free Diet
2. Salt Substitutes

℞

Neocurtasal

New improved formula - now the best tasting. Used like table salt.

Winthrop

Neocurtasal ®
oz. Shakers + 8 oz. bottles

Meat...

Good Nutrition and Endocrine Functioning

Maintenance of homeostasis attuned to health devolves upon good nutrition and normal functioning of the enzyme and endocrine systems.[1,2,3] Conversely, by impairing vital activities of the endocrines, poor nutrition can seriously disturb production of hormones needed to regulate metabolic processes.

Intense and prolonged deficiency in essential nutrients and food energy depresses pituitary, gonadal, and other endocrine activity, leading to subnormal physiologic states. Clinical studies exposing male volunteer subjects to a semistarvation diet produced symptoms resembling those of various endocrine dysfunctions.[4] Since the pituitary and other hormones are protein in nature, it appears logical to assume that protein nutrition plays an important part in their synthesis.[5]

Meat, by supplying valuable amounts of high quality protein, B vitamins, essential minerals, and fat containing unsaturated fatty acids, contributes importantly to any role that good nutrition may play in the maintenance of the endocrines, their functioning, and the production of hormones.

---

1. Ralli, E. P., and Dumm, M. E.: The Hormonal Control of Metabolism, in Wohl, M. G.: Modern Nutrition in Health and Disease, Philadelphia, Lea and Febiger, 1955, pp. 57-74.
2. McHenry, E. W.: Nutrition and Endocrine Function, Borden's Review of Nutrition Research, *16*:17 (Mar.-Apr.) 1955.
3. Ershoff, B. H.: Conditioning Factors in Nutritional Disease, Physiol. Rev. *28*:107 (Jan.) 1948.
4. Keys, A.; Brozek, J.; Henschel, A.; Mickelsen, O., and Taylor, H. L.: The Biology of Human Starvation, Minneapolis, University of Minnesota Press, 1950.
5. Samuels, L. T.: Progress in Clinical Endocrinology, New York, Grune and Stratton, 1950, p. 509.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago . . . Members Throughout the United States

Journal Report:

Hypertensive symptoms relieved in 96% of patients

"Comparison of pentolinium [ANSOLYSEN] with other preparations in 25 patients with severe essential hypertension, for whom all other methods of management had failed, showed that pentolinium is the most effective of available agents in reducing dangerously high blood pressure to the desired levels, and in modifying some of the complications of hypertension, as cardiac decompensation, cardiomegaly and retinopathy. . . .

"In 96 per cent (24 patients) clinical symptoms were relieved and the blood pressure maintained at comfortable levels. . . ."[1]

ANSOLYSEN®

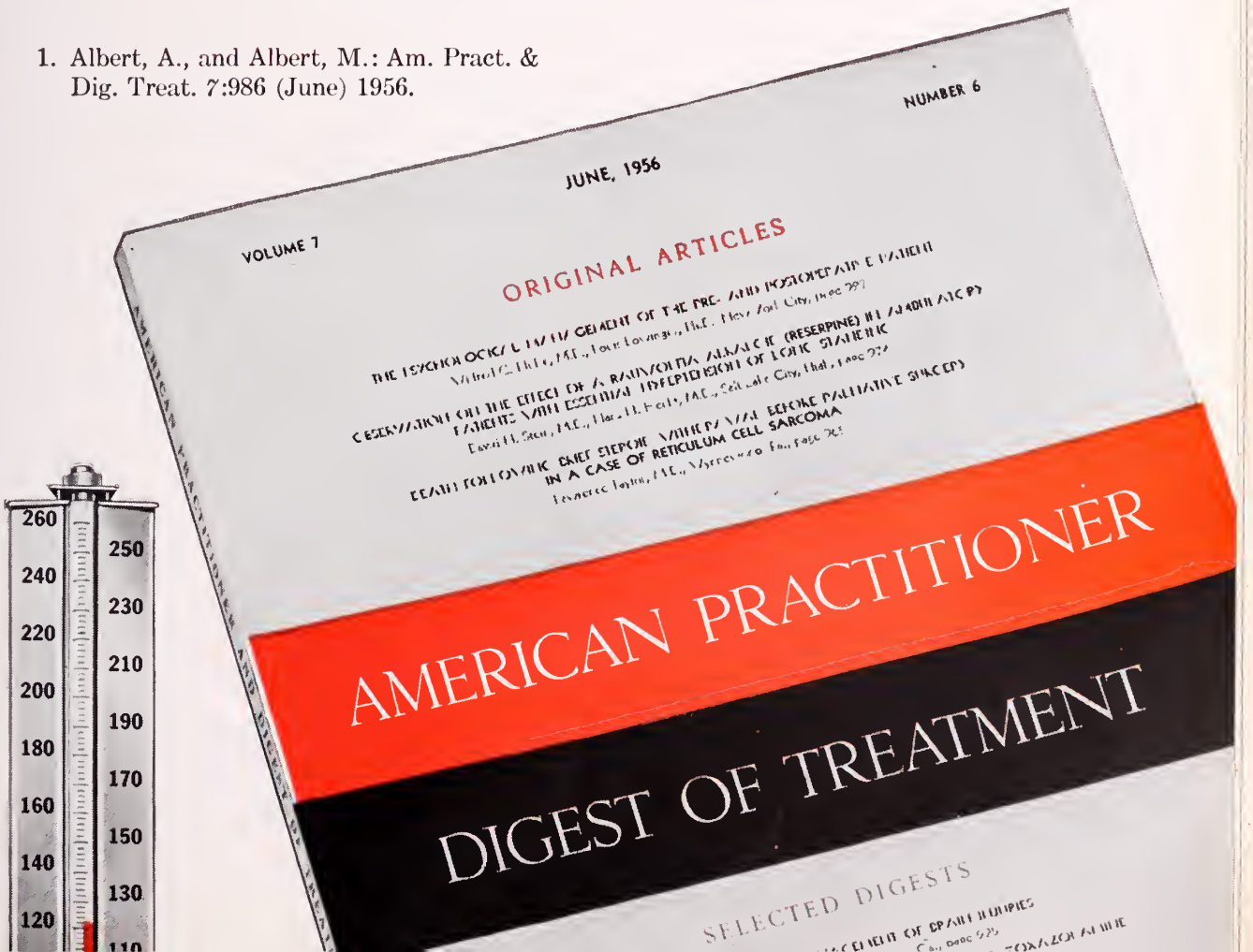
TARTRATE

Pentolinium Tartrate

Lowers Blood Pressure

Wyeth®
Philadelphia 1, Pa.

1. Albert, A., and Albert, M.: Am. Pract. & Dig. Treat. 7:986 (June) 1956.



NEW

ATARAXOID is a unique, new combination of STERANE and ATARAX, which now permits simultaneous symptomatic control and reduction of attendant anxiety and apprehension in rheumatoid arthritis and other indications.

The added tranquilizer control, desirably easing mental stress, also directly assists clinical progress. It minimizes the chance of exacerbation related to emotional strain and facilitates patient confidence and cooperation in the therapeutic program toward maximum rehabilitation.

ATARAXOID exerts the anti-rheumatic, anti-inflammatory activity of STERANE distinctly superior to previous steroids, effective in radically reduced dosage, and with minimal disturbance of electrolyte and fluid metabolism.

The ataractic effect is a central neuro-relaxing action – the result of a marked cerebral specificity – free of mental fogging and devoid of any major complications: no liver, blood or brain damage. This peace-of-mind component is also used in the lowest dosage range.

Supplied: Each green, scored, ATARAXOID oral tablet contains 5 mg. prednisolone (STERANE) and 10 mg. hydroxyzine hydrochloride (ATARAX). Bottles of 30 and 100.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

the first and only ataraxic-corticoid

araxoid*

prednisolone and hydroxyzine

Pfizer

combining the newest, safest tranquilizer, ATARAX® + the newest, most effective steroid, STERANE® (prednisolone)

simultaneously controls the symptoms and the apprehension

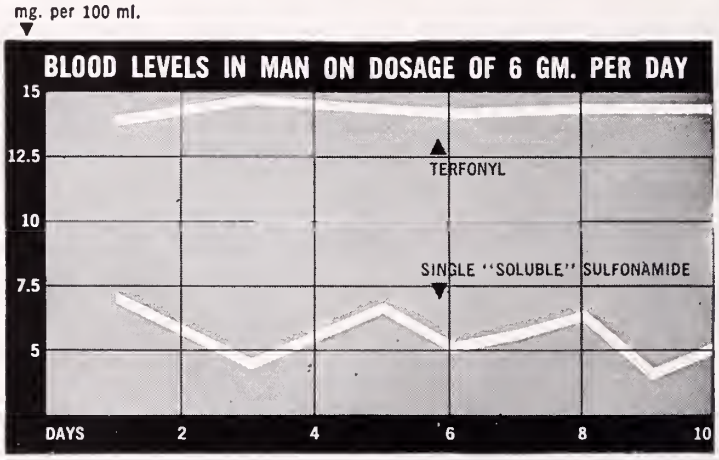
In Rheumatoid Arthritis, other collagen diseases, bronchial asthma and inflammatory dermatoses

*Trademark

maximum efficacy with minimum risk

Terfonyl

SQUIBB METH-DIA-MER SULFONAMIDES



– After Lehr, D., Modern Med. 23:111 (Jan. 15) 1955.

Terfonyl is absorbed as well as single "soluble" sulfonamides, but is eliminated at a slower rate. For this reason, Terfonyl blood levels are much higher.

In experimental infections (Klebsiella, Pneumococcus, Streptococcus), Meth-Dia-Mer sulfonamides have been shown to be from three to four times more effective on a weight basis than single "soluble" sulfonamides.

Toxicity is minimal because normal dosage provides only one-third the normal amount of each sulfonamide. The body handles each component as though it were present alone, although therapeutic effects are additive.

Terfonyl Tablets, 0.5 Gm., bottles of 100 and 1000.
Terfonyl Suspension, 0.5 Gm. per 5 ml., pint bottles.

0.167 Gm. each of sulfamethazine, sulfadiazine and sulfamerazine per tablet or per 5 ml. teaspoonful of suspension.

SQUIBB

TERFONYL® IS A SQUIBB TRADEMARK

relaxes both the body and the mind

well suited for prolonged therapy

- well tolerated, nonaddictive, essentially nontoxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: **anxiety and tension states, muscle spasm.**

THE ORIGINAL MEPROBAMATE

Miltown®

Tranquilizer with muscle-relaxant action

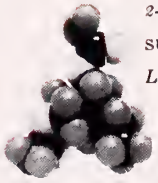
DISCOVERED AND INTRODUCED

BY WALLACE LABORATORIES, *New Brunswick, N.J.*

2-methyl-2-n-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: *400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.*

Literature and Samples Available on Request



THE MILTOWN MOLECULE

CM 3706 R

HARD-TO-KILL TRICHOMONADS

EXPLODE

WITHIN 15 SECONDS' CONTACT WITH VAGISEC LIQUID

WITH THE Davis technique,† using VAGISEC® liquid and jelly, flare-ups of vaginal trichomoniasis rarely occur. VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.[1] Better than 90 per cent apparent cures follow use of this new trichomonacide,[2] developed as "Carlendacide" by Dr. Carl Henry Davis, noted gynecologist and author, and C. G. Grand, research physiologist.[3]

No trichomonad escapes—The overwhelming action of VAGISEC liquid dooms the trichomonad. One chelating agent and two surface-acting agents combine in attack to weaken the cell membrane, to remove waxes and lipid materials from the membrane surface, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

No other agent or combination of agents kills the trichomonad in this specific fashion or with the *speed* of VAGISEC liquid.[3] When the patient uses VAGISEC jelly as well—the recommended routine—these good effects continue indefinitely.[4]

Reaches hidden trichomonads—Unlike many agents, VAGISEC liquid thoroughly penetrates and dissolves the cellular debris and mucoid material lining the vaginal surface.[3] It reaches hidden trichomonads — often the cause of treatment failure — as well as parasites swimming freely in the canal.

The Davis technique—Office therapy with VAGISEC liquid is combined with home treatment. Both liquid and jelly are prescribed.

> OFFICE TREATMENT—*Wipe vaginal walls dry with cotton balls, then wash thoroughly for about three minutes with a 1:100 dilution of* VAGISEC *liquid. Remove excess fluid with cotton balls. Dr. Davis recommends three treatments the first week, two the second and one the third.*

> HOME TREATMENT—*Patient douches with* VAGISEC *liquid every night or morning and then inserts* VAGISEC *jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching is contraindicated in pregnancy.*

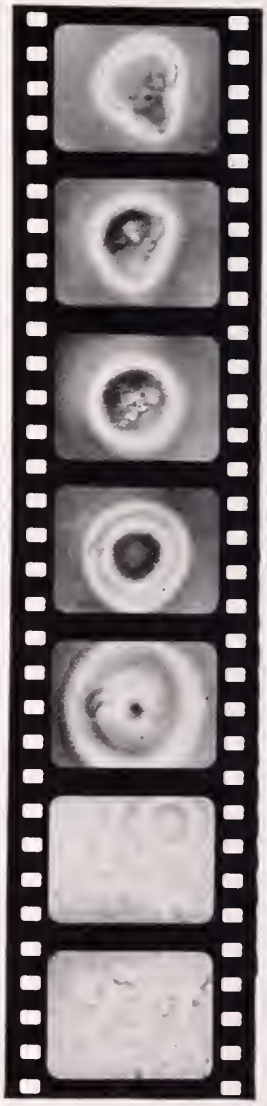
Husband re-infects wife—Since "trichomonads may be passed from the infected male to the uninfected partner during coitus,"[5] prevent re-infection by recommending the use of prophylactics. Specify RAMSES,® the finest possible rubber prophylactic, transparent, very thin yet strong; or XXXX (FOUREX)® skins, of natural animal membrane — pre-moistened. Your prescription of one of these brands insures the protection afforded by Schmid quality prophylactics and assures full acceptance of your regimen. At all pharmacies.

Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

VAGISEC, RAMSES and XXXX (FOUREX) are registered trade-marks of Julius Schmid, Inc.

†Pat. App. for

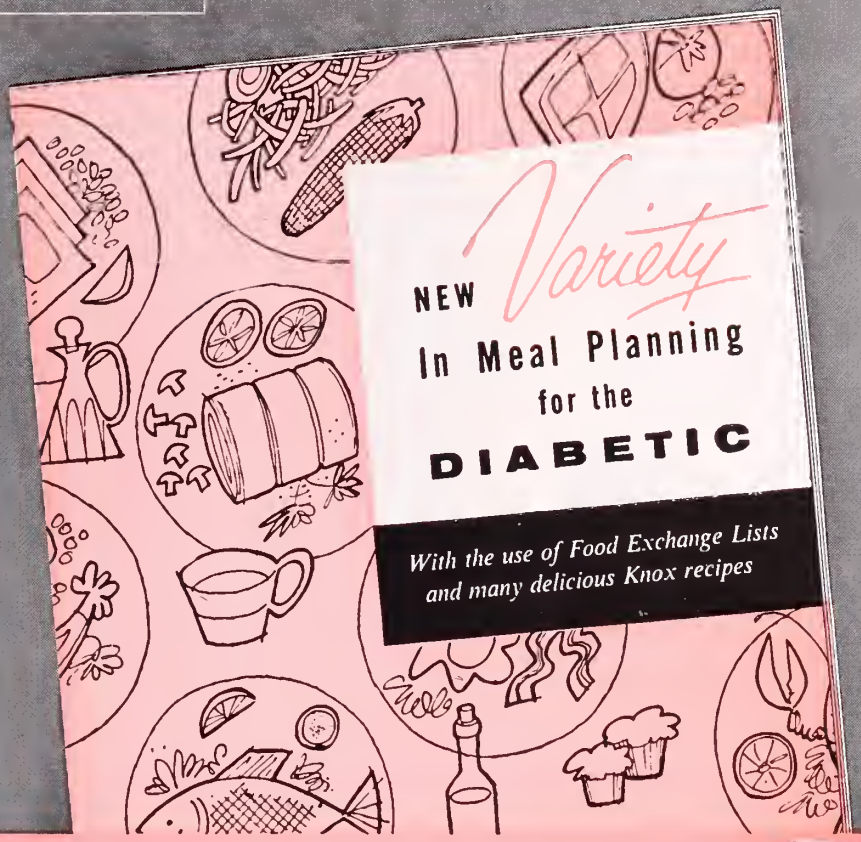
JULIUS SCHMID, INC.
gynecological division
423 West 55th St., New York 19, N. Y.



Top to bottom:
2 sec. CONTACTS
4 sec. COMPLEXES
6 sec. DISSOLVES
8 sec. DENATURES
10 sec. SWELLS
15 sec. EXPLODES
16 sec. SCATTERS

References: 1. Davis, C. H.: J.A.M.A. *157*:126 (Jan. 8) 1955. 2. Davis, C. H.: West. J. Surg. *63*:53 (Feb.) 1955. 3. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. *68*:559 (Aug.) 1954. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, Md., W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Draper, J. W.: Internat. Rec. Med. *168*:563 (Sept.) 1955.

KNOX Protein Previews



Newest Knox Brochure Aids Dietary Management of Diabetics

Although more than 50% of diabetics can be managed with proper diet, continued success is dependent upon proper motivation of patients. Determination to abide by dietary restrictions is also important for the diabetic being managed with insulin.

The new Knox booklet "New Variety in Meal Planning" has been prepared to help the physician enlist the patient's enthusiasm for dietary measures and to help maintain this enthusiasm. It explains the importance of diet to the diabetic, shows him how to use the newest dietary advance —Food Exchange Lists[1]—and then describes how to provide tasty variety with 14 pages of tested, diabetic recipes.

"New Variety in Meal Planning" makes no attempt to prescribe a system of treatment. It shows how the recipes described may be used to good advantage in practically any system of diabetic management. If you would like a supply for your practice, use coupon below.

1. Developed by the U. S. Public Health Service assisted by committees of The American Diabetic Association, Inc. and The American Dietetic Association.

Knox Gelatine Company
Professional Service Department SJ-20
Johnstown, N. Y.

Please send me.....copies of the new Knox diabetic brochure describing the use of Food Exchange Lists.

YOUR NAME AND ADDRESS

MONODRAL® WITH MEBARAL®

ANTICHOLINERGIC • SEDATIVE

in peptic ulcer management

- relieves pain promptly
- reduces tension safely
- tranquilizes without dulling
- well tolerated
- promotes healing
- maintains anacidity for hours
- controls hyperactivity of upper gastro-intestinal tract

MONODRAL with MEBARAL—the "psychovisceral stabilizer"—provides for patients with ulcer and gastro-intestinal spasm an effective barrier against the impact of environmental stimuli . . . controls gastric hypersecretion and hypermotility for three and one half to five hours.*

EACH TABLET CONTAINS:
MONODRAL bromide..... 5 mg.
MEBARAL.....32 mg.

DOSAGE: 1 or 2 tablets three or four times daily.
Available on prescription only.
Bottles of 100 tablets.

Winthrop Laboratories New York 18, N. Y.

Monodral (brand of penthienate) and Mebaral (brand of mephobarbital), trademarks reg. U. S. Pat. Off.
*References and clinical trial supplies available on request.

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Guy H. Michael, Jr.	Parsons	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Madison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentrout	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	1st Wed.
Greenbrier Valley	H. Charles Ballau	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clarksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yaho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnston	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	Charles S. Mahan	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	R. M. Sonneborn	Wheeling	Joseph L. Curry	Wheeling	4th Tues.
Parkersburg Acodemy	Richord W. Corbitt	Parkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potomac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylor	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

For preventing and treating upper respiratory infections

Achrocidin*

Tetracycline-Antihistamine-Analgesic Compound

Available on prescription only

ACHROCIDIN is a well-balanced, comprehensive formula directly modifying the complications of the common cold or upper respiratory infections.

In addition to the direct benefit of rapid symptomatic improvement, ACHROCIDIN promptly controls the bacterial component frequently responsible for the development in susceptible individuals of sequelae such as otitis media, sinusitis, adenitis, and bronchitis.

ACHROCIDIN is convenient for you to prescribe—easy for the patient to take. Average adult dose: two tablets three or four times daily.

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottle of 24 tablets.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*TRADEMARK

ANNOUNCING

'CATHO

more effective

in clinica

important infecti

than any other

antibiotic

FOR MOST INFECTIONS

CILLIN

NEW

(NOVOBIOCIN-PENICILLIN G, MERCK)

THE ANTIBIOTIC PRODUCT MOST LIKELY TO BE EFFECTIVE

COMPARE THESE ADVANTAGES:

. Proved effectiveness in the largest number of clinically important infections including those caused by antibiotic-resistant *taphylococci* and proteus.

. Therapeutic, *bactericidal* blood levels are romptly achieved.

. Exceptionally well tolerated; patient sensitivity reactions are rare at recommended osage.

. No yeast or fungal super-infections nor ny antibiotic-induced enteritis, vaginitis or roctitis have been reported following ATHOCILLIN.

. No problems of cross-resistance have been ncountered with CATHOCILLIN.

. The normal intestinal flora is not disurbed by CATHOCILLIN.

OSAGE: *for adults—two capsules q.i.d.; for children nder 100 lbs.—dosage in proportion to weight (e.g. one psule q.i.d. for a child weighing 50 lbs.).*

CONSIDER CATHOCILLIN FIRST

—for these clinically important infections: tonsillitis; pharyngitis; pneumonia; otitis media; cervical lymphadenitis; streptococcal sore throat; infected tooth sockets; Vincent's infection; acne and superficial skin infections; impetigo; boils, furuncles and carbuncles; lung abscess; bronchitis; mastitis; osteomyelitis; wound infections; postoperative wound infections and infected lacerations; staphylococcal enteritis, staphylococcal diarrhea of the newborn; peritonitis (caused by susceptible organisms); pelvic inflammatory disease; gonorrhea; gonococcal arthritis; urethritis; scarlet fever; erysipelas.

SUPPLIED: *Blue and white capsules of* 'CATHOCILLIN' *—each containing 125 mg. of* 'CATHOMYCIN' *(as Sodium Novobiocin, Merck) and 75 mg. (125,000 units) Potassium Penicillin G; bottles of 16.*

In one prescription the one antibiotic product most likely to be effective

MSD MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

Is your office a cancer detection center?

A SIMPLE, EFFECTIVE OFFICE PROCEDURE WHICH YOU CAN FOLLOW ROUTINELY as an aid to diagnosis of early uterine cancer is the taking of smears and surface biopsy scrapings. This can be done by any doctor, nurse or technician, and the samples can then be sent for interpretation to a laboratory specializing in cytological diagnosis.

CLAY-ADAMS UTERINE CANCER CYTOLOGY KITS include all the materials needed for taking cytology samples and mailing them to cytological laboratories.

Cytology interpretation is highly specialized and requires the experienced judgment of cytologists specially trained in the field. You can learn which laboratories in your area specialize in this work by contacting the pathologist in your local hospital; your local cancer clinic; your State Department of Health Cancer Service; your local unit of the American Cancer Society.

Physicians' Uterine Cancer Cytology Outfit. Includes 4 dozen Ayre's "Surface Biopsy" scrapers; 2 vaginal pipettes; 1 aspirator bulb; ½ gross Rite-On slides; 2 dozen slide mailers with envelopes.

With directions . . . each $7.50

KLOMAN INSTRUMENT CO., INC.

1024 Quarrier Street

Charleston 1, West Virginia

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan

when dandruff stands out as a sign

prescribe SEBIZON Lotion

for an extra therapeutic dividend

a method of choice for **rapid control** of seborrhea of the scalp and seborrheic dermatitis in children as well as adults...**no complicated shampoo or timing procedures:** patient rubs in SEBIZON any time of the day, washes out when convenient ...acts as hair dressing: **no odor, no oily or greasy residue,** no tinting of hair.

especially useful when dandruff escapes control again

antiseborrheic and anti-infective
SEBIZON is a cream-type vanishing lotion containing 10% sulfacetamide sodium.

available on prescription only in 3 oz. plastic squeeze tube.

SEBIZON,® antiseborrheic preparation.

Schering

SZ-J-4106

but not a complaint

fastest and shortest-acting oral barbiturate

'Seconal Sodium'

(SECOBARBITAL SODIUM, LILLY)

The secret of sleep in a capsule

When simple insomnia is the presenting complaint, a bedtime dose of 'Seconal Sodium' is often indicated. Its effect is prompt—within fifteen to thirty minutes; relaxation and sleep follow quickly. Your patient awakens refreshed and well rested.

Available in 1/2, 3/4, and 1 1/2-grain pulvules at pharmacies everywhere.

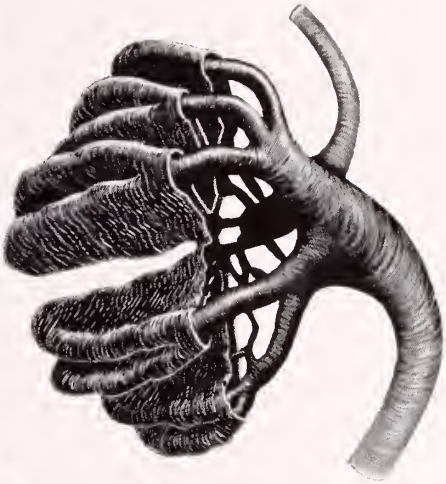
80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

NEW AND IMPORTANT

ROLICTON*

(BRAND OF AMINOISOMETRADINE)

Simple b.i.d. Dosage for Positive Diuresis



THE GLOMERULAR FILTERING SYSTEM
Configuration of the renal glomerulus as revealed by the electron microscope.

(illustration by Hans Elias)

THIS newest product of Searle Research is the only *continuously effective* oral diuretic that avoids *all* these disadvantages:

. . . Significant side effects
. . . Complicated dosage schedules
. . . Electrolyte disturbance
. . . Acid-base imbalance
. . . Fastness
. . . Known contraindications

ROLICTON has been found effective as an agent to eliminate, or greatly reduce the frequency of, mercurial injections.

DOSAGE IS SIMPLE. One tablet b.i.d. is usually adequate, following administration of four tablets the first day. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

*Trademark of G. D. Searle & Co.

SEARLE

The Month in Washington

• From the Washington office of the American Medical Association.

IN ADDITION to helping states make monthly public assistance payments to certain indigent persons, the federal government for a number of years also has contributed to the cost of their medical care. Because the grants formula is somewhat complicated, and the amount of medical care varies with the states, this U. S. contribution cannot be fixed definitely. It is estimated at about 90-million dollars a year.

About a third of the states now deposit these federal grants—which must be matched 50-50—in a separate fund, from which the medical care costs are paid directly to the vendors, such as physicians, dentists, hospitals, nursing homes and druggists. The remaining two-thirds include medical care costs in monthly checks to the indigent, and expect these people to pay their own medical bills.

But beginning next July 1, this U. S.-state medical care arrangement is going to be drastically altered.

For one thing, the U. S. will increase its payments from the current $90 million a year to between $200 million and $300 million. For another, all medical care money under the new program will be put into a separate fund, from which the indigents' medical bills will be paid, in one way or another, by the state itself.

It is true that in some states the new program will not have much effect. This will be the case with those states that already have a substantial medical care program and see no reason for increasing it and with those unable to raise the matching money.

But the amount of money potentially available to each state is significant, and in most states the changeover from the old to the new systems will have an important effect on physicians and other vendors of medical care. For example, eight states will have "new" medical care funds in excess of 10-million dollars if they put up half the money. California's potential fund is $27 million and New York's and Texas' more than $18 million each.

Before state welfare directors can start operating under the new program they will have to decide (a) whether they will require doctors to agree to a fee schedule, if one is not already in operation in their indigent care program, and (b) how the doctors will be reimbursed (whether through their societies or other mechanisms, or directly by the government). Some state welfare officials already have approached state medical societies to talk over the situation.

(U. S. contributes to indigents in only four categories—the aged, dependent children, the blind and the disabled. For their medical care, it will offer states $3 per month for each adult and $1.50 for each child, money which the state must match. It is out of these funds that payments will be made for medical care.).

Miscellaneous

Because most applicants did not supply enough information, the council in charge of grants for medical research facilities approved only a handful of projects at its first meeting. Although $30-million was available, only $764,159 was allocated. Money went to seven institutions. However, the expectation is that the fund will be just about exhausted at the December meeting of the council, as more than 250 hospitals, schools and laboratories have asked for money.

First head of the new National Library of Medicine is the man who steered the Armed Forces Medical Library through the last seven troubled years — Col. Frank B. Rogers. He is on loan to PHS, which is in charge of the new institution to be built up around AFML.

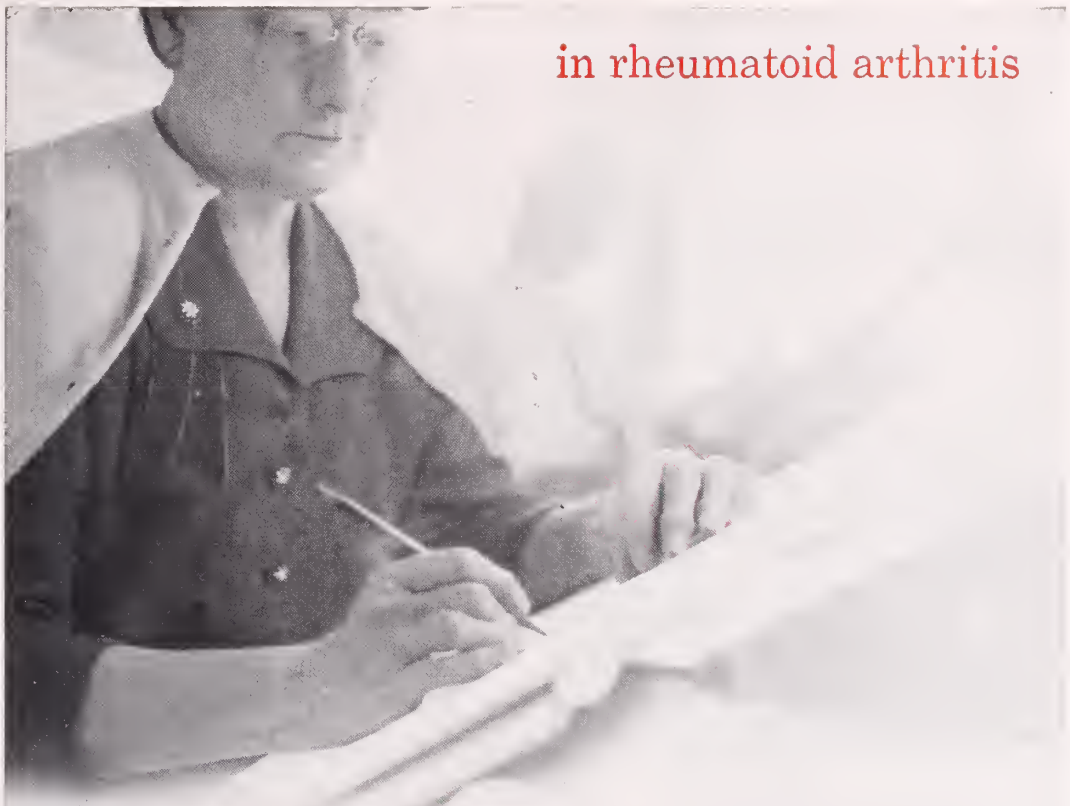
Hearings will be held probably in December by the House Interstate and Foreign Commerce committee on federal aid to medical education. The expert panel system will be used, instead of lone witnesses. Currently the committee staff is analyzing information received in response to questionnaires sent out to about 60 organizations interested in medical education.

A six-man advisory committee, named by Secretary Folsom, is attempting to work up suggestions that will help hospitals improve care and reduce costs. Some possibilities: cafeterias for ambulatory patients, light housekeeping work done by some patients themselves.

Regional Small Business Administration offices now are taking applications for loans to three types of health facilities—hospitals, nursing homes, and medical and dental laboratories. Institutions must be "small" and must be run for private profit.

A Newcomer in the Books

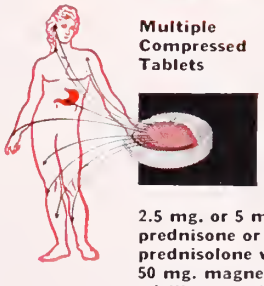
The frighteningly common, and typically American, disease, coronary thrombosis, is a relative newcomer in the books. Chicago physician James B. Herrick read his first paper on acute coronary obstruction May 12, 1912. He stated that his report had "fallen like a dud." Not until 1918 did he return to state his case and to be appreciated for his observations.—William B. McCunniff, M. D., in Missouri Medicine.



clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of the "predni-steroids" antacids should be routinely co-administered to minimize gastric distress

ROUTINE CO-ADMINISTRATION MEANS

'Co-Hydeltra'
(Prednisolone Buffered)



Multiple Compressed Tablets

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

'Co-Deltra'
(Prednisone Buffered)

All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* 158:459 (June 11) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA

'CO-DELTRA' *and* 'CO-HYDELTRA' *are trademarks of* MERCK & CO., INC.

PROVEN
PAIN CONTROL
with safety

GRADATIONS OF ANALGESIA

'TABLOID' 'EMPIRIN' COMPOUND®
Acetophenetidin gr. 2½, Acetylsalicylic Acid gr. 3½, Caffeine gr. ½

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ⅛, No. 1 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ¼, No. 2 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ½, No. 3 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. 1, No. 4 (N)

(N) subject to Federal Narcotic Law

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, N. Y.

Obituaries

S. WARREN BUSH, M. D.

Dr. S. Warren Bush, 89, of Parkersburg, died in a hospital in that city following a long illness.

Doctor Bush was born in Gilmer county on July 15, 1867, son of the late Samuel and Lydia M. (Hall) Bush.

He graduated from Glenville State Normal School and received his M. D. degree in 1901 from Baltimore University School of Medicine. He had postgraduate work at the Philadelphia Polyclinic Hospital.

After his graduation from medical school, he located in Ravenswood, but moved to Parkersburg in 1903, where he remained in active practice until his retirement a few years ago.

He is survived by his widow, the former Helen Diamond.

* * * *

MILTON MITCHINSON CONLIFFE, M. D.

Dr. Milton Mitchinson Conliffe, 75, of Fairmont, died October 1, 1956, in a New York Hospital following an illness of several months' duration.

Doctor Conliffe was born at Bridgetown, Barbados, B. W. I., November 13, 1880. He received his M. D. degree from the College of Physicians and Surgeons, Boston, in 1914, and interned at the Henrietta-Dismukes Hospital. He had postgraduate work at the Peter Bent Brigham Hospital in 1925.

He was previously located at Mullins, South Carolina, and at Logan, West Virginia. He moved to Fairmont in 1929, where he remained in general practice until compelled to retire on account of ill health.

He had been a member of the staff of Fairmont General Hospital for several years.

Doctor Conliffe was an honorary member of the Marion County Medical Society, the West Virginia State Medical Association and the American Medical Association.

He is survived by a daughter, Mrs. Gloria Thompson of Boston; two sons, Dr. Milton Conliffe of Los Angeles, and Dr. Vincent Conliffe of New York City; and a brother, Dr. Arthur Conliffe, also of New York City.

* * * *

HENRY MERRITT ESCUE, M. D.

Dr. Henry Merritt Escue, 53, of Charleston, died in a hospital in that city on October 17, 1956, following a year's illness.

Doctor Escue was born in St. Albans on September 25, 1903, son of Florence Escue and the late Edgar Escue. He received his early education at the public schools in St. Albans. He graduated from West Virginia Institute of Technology in Montgomery, and received his M. D. degree from the Medical College of Virginia in 1932.

He interned at Roanoke Hospital, Roanoke, Virginia, and located for general practice at Rainelle, later moving to St. Albans.

He had postgraduate work in urology at the Indiana University School of Medicine, and for a number of years was chief of the department of urology at Laird Memorial Hospital in Montgomery. He located in Charleston for the practice of his specialty in 1939, and for the past several years had offices with Dr. Donald R. Gilbert at 1214 Quarrier Street.

Doctor Escue served in the Army Air Force during World War II, being released with the rank of major in 1946. He served a term as mayor of St. Albans and for several years was a member of the Medical Board of the Workmen's Compensation Fund.

He was an honorary member of Kanawha Medical Society, the West Virginia State Medical Association and the American Medical Association. He was certified by the American Board of Urology and was a fellow of the American Urological Association and the American College of Surgeons.

In addition to his mother, he is survived by his widow, Mrs. Mabel Morrison Escue; a son, Henry M. Escue, Jr., at home; a foster son, Richard P. Morrison of Richmond, Virginia; and two brothers, Guy W. and Walter E. Escue, both of St. Albans.

* * * *

GEORGE HOLTON TRAUGH, M. D.

Dr. George Holton Traugh, 66, prominent Fairmont physician, died in a hospital in that city on September 19, 1956, following a heart attack.

Doctor Traugh was born in Ervona, Pennsylvania, July 23, 1890, son of the late George M. and Myrtle (Holton) Traugh.

He graduated from Grove City College in 1909, and received his M. D. degree from the University of Pennsylvania School of Medicine in 1919. He served his internship at St. Francis Hospital in Pittsburgh. He had postgraduate work at New York Polyclinic Hospital, Chicago EENT Hospital, and the University of Illinois School of Medicine.

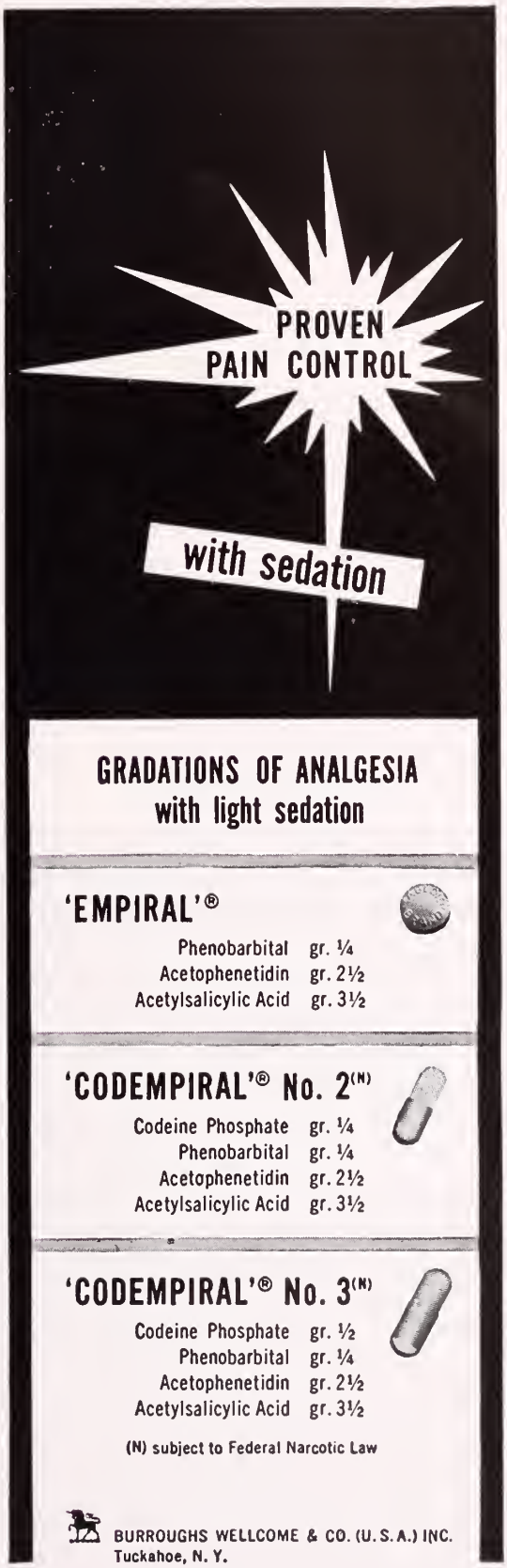
Doctor Traugh located in Fairmont in 1923 for the practice of his specialty of ophthalmology and otolaryngology. At that time he was associated in practice with his uncle, the late J. M. Trach. He practiced continuously in Fairmont until his death.

He was a member of the Marion County Medical Society, the West Virginia State Medical Association and the American Medical Association. He had served as both president and secretary of his local society. He was chief of staff of the Fairmont General Hospital during its first year of operation.

Besides his widow, he is survived by two sons, Walter C., of Fairmont, and George Holton Traugh, Jr., who is a student at West Virginia University School of Medicine.

Research Opportunity

There will always be research opportunity beyond the horizon for those who seek it. The way may have been smoothed for them. So occasionally they should look backward to see if they cannot finish the work of those whose ambitions were never realized because there was so little time.—International Medical Digest.



Economical and Effective Dual Therapy

ORI-HIST

BROWN AND ORANGE CAPSULES

(EXEMPT NARCOTIC)

Each Capsule contains:

Thenylpyramine Hydrochloride	10 mgs.
Dover's Powder	¼ gr.

Warning: May be habit forming.

(Representing Po. Ipecac 1/40 gr. and Po. Opium 1/40 gr.)

Acetophenetidin	1½ gr.
Camphor Monobromated	¼ gr.
Aspirin	2 gr.
Caffeine Citrated	¼ gr.
Atropine Sulfate	1/500 gr.

ANTIHISTAMINIC - ANALGESIC COMPOUND

For the relief of nasal symptoms of a cold, and aches and pains accompanying a cold.

Adult Dose: 1 or 2 capsules every 2 hours for 3 doses, then 1 every 3 or 4 hours. Not more than 10 capsules should be taken in any 24 hour period.

♦

"28 Years of Service—1928-1956"

♦

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue Phones: 28341 - 28342

HUNTINGTON, WEST VIRGINIA

County Societies

CABELL

Dr. Albert C. Esposito was elected president of the Cabell County Medical Society at the regular monthly dinner meeting held October 11 in the Georgian Terrace Room of the Hotel Frederick, in Huntington.

Dr. C. Stafford Clay was named vice president and Drs. Ronald E. Crissey and J. Foster Carr were re-elected secretary and treasurer, respectively. Dr. William E. Bray, Jr. was named a member of the board of censors.

Dr. Thomas W. Moore, veteran Huntington Eye, Ear, Nose and Throat specialist, was the honor guest at the meeting. Doctor Moore celebrated his ninetieth birthday on October 4.

An interesting sketch of the life and activities of Doctor Moore was presented by Dr. James S. Klumpp, a past president of the West Virginia State Medical Association. Birthday gifts from the medical society were presented by Dr. Ray M. Bobbitt.

Dr. Walter E. Vest and Mr. Charles M. Gohen extended birthday greetings, after which Doctor Moore gave a brief resume of the early history of the Cabell County Medical Society.

The following physicians were elected to membership in the Society: Douglas W. Ey, Jasper E. Sadler, William S. Sadler and Russell R. Brandon.

Dr. Earl B. Gerlach, who first became a member of the Society in 1912, was elected to honorary membership.

It was ordered that a committee of five members be appointed to meet with members of the Cabell County Board of Education for the purpose of considering the establishment of a school health program.

Dr. Albert C. Esposito, the vice president, presided at the meeting, which was attended by 55 members.—Ronald E. Crissey, M. D., Secretary.

* * * *

CENTRAL WEST VIRGINIA

Dr. Robert S. Wilson of Clarksburg was the guest speaker at the monthly meeting of the Central West Virginia Medical Society, held at Camp Caesar on September 27, 1956, with the president, Dr. J. C. Huffman, of Buckhannon, presiding.

The speaker's subject was, "Pediatric Orthopedics," and he discussed orthopedic problems from the standpoint of the physician in general practice.

The paper was illustrated by x-ray films, and Doctor Wilson made a plea for early treatment of metatarsus varus and early recognition of congenital dislocation of the hip. The paper was discussed by several of the members present.

Dr. Charles T. Lively of Weston was elected to membership in the Society.—Theresa O. Snaith, M. D., Secretary.

FAYETTE

Dr. Peter P. Ladewig and Dr. E. A. Belden, both of Montgomery, were the guest speakers before the regular monthly meeting of the Fayette County Medical Society held at the Hotel Hill in Oak Hill, October 3, 1956. They presented an interesting review on the R-H Factor.

Dr. William S. Herold of Fayetteville, who was unanimously elected to membership in the Society at the meeting, presented an interim committee report on the Red Cross Blood Program in Fayette County.

Doctor Ladewig presided at the meeting. A social hour and dinner preceded the scientific program and business meeting.—R. DeWitt Peck, M. D., Secretary.

* * * *

HARRISON

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, was the guest speaker at the regular monthly meeting of the Harrison County Medical Society, held at the Stonewall Jackson Hotel in Clarksburg, September 6, 1956. He discussed the various aspects of the Blue Cross-Blue Shield program in West Virginia.

A memorial to the memory of the late Dr. Chester R. Ogden was read by Dr. Thomas V. Gocke, chairman of the memorial committee.

Dr. Harry S. Weeks, Jr. was elected to membership in the Society.

The president, Dr. Joseph Gilman, presided at the meeting and introduced the speaker.—Lawrence B. Thrush, M. D., Secretary.

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery
DONAL C. EDWARDS, M. D., Surgery

...IN URINARY COMPLAINTS

- Sterilizes urine in 1 to 3 days
- Relieves burning in minutes
- Effective in 93-98% of cases

sulfid*

The original Azo-Sulfa Formula* • Antibacterial • Analgesic

LOCALIZED MUCOSAL ANALGESIA
Phenylazo-diamino-pyridine HCl—acts solely on the urogenital mucosa; provides prompt relief from burning, pain and frequency.

LOCALIZED ANTIBACTERIAL ACTIVITY
Sulfacetamide—eliminates mixed infections rapidly because of its unusual solubility in acid urine common to bacterial invasion of the urinary tract. No renal damage, concretions or anuria.

...and when Spasmolysis is essential

sulfid* B-A

Antibacterial • Analgesic • Antispasmodic

—the dual activity of SULFID with the well-known antispasmodic effect of natural belladonna alkaloids.

*Introduced—July, 1954

COLUMBUS PHARMACAL COMPANY COLUMBUS 16, OHIO

the Emblems of RELIABLE PROTECTION

We cordially invite your inquiry
for application for membership
which affords protection against
loss of income from accident and
sickness as well as benefits for
hospital expenses for you and
all your dependents.

ALL PREMIUMS COME FROM

PHYSICIANS SURGEONS DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$23,800,000 PAID FOR BENEFITS
SINCE ORGANIZATION

Since 1902

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

McDOWELL

Dr. Charles M. Scott of Bluefield was the guest speaker before the monthly meeting of the McDowell County Medical Society, held October 10 in the Appalachian Community Room, at Welch. His subject was "Congenital Uterine Anomaly," and he presented nine interesting case reports of his own. The paper was discussed by several members of the Society.

At the business meeting preceding the scientific session, Dr. W. R. Counts was appointed chairman of the Ninth Annual Diabetes Detection Drive, scheduled for November 11-17.

It was ordered that the Society contribute $30 to Camp Kno-Koma for the purpose of covering the expenses of one child at the state camp for diabetic children. It was also ordered that the sum of $50 be contributed to the National Society for Medical Research.

A committee was appointed to study the feasibility of establishing a heart clinic in McDowell County. The committee is composed of Drs. Dante Castrodale, W. R. Counts and A. B. Carr.

Dr. O. E. Linkous, Jr., the president, presided at the meeting and introduced the guest speaker.—F. L. Johnston, M. D., Secretary.

* * * *

MERCER

Dr. J. Warrick Thomas of Richmond, Virginia was the guest speaker before the regular monthly meeting of the Mercer County Medical Society, held at the Bluefield Auditorium Restaurant in Bluefield on September 17.

Doctor Thomas presented an interesting paper on the various phases of allergies, with particular reference to allergic diseases that are encountered by physicians in general practice as well as those engaged in the practice of some particular specialty. He discussed in detail allergic bronchial asthma and allergic skin eruptions.

The paper was discussed by Drs. E. Lyle Gage, R. H. Fowlkes and A. J. Paine.

At the business session which followed the scientific program, a committee was appointed to study the need for a nursing home for the Bluefield area. The committee is to consult with Mr. Dodd Martenson of the Bluefield Chamber of Commerce.

The Society voted to contribute $25 to the National Society for Medical Research.

Drs. Upshur Higginbotham, Karl E. Weier and Daniel Hale were appointed members of the diabetes committee. Doctor Higginbotham will serve as chairman.

Dr. J. Paul Chamption, the president, presided at the meeting, which was attended by 33 members.—John J. Mahood, M. D., Secretary.

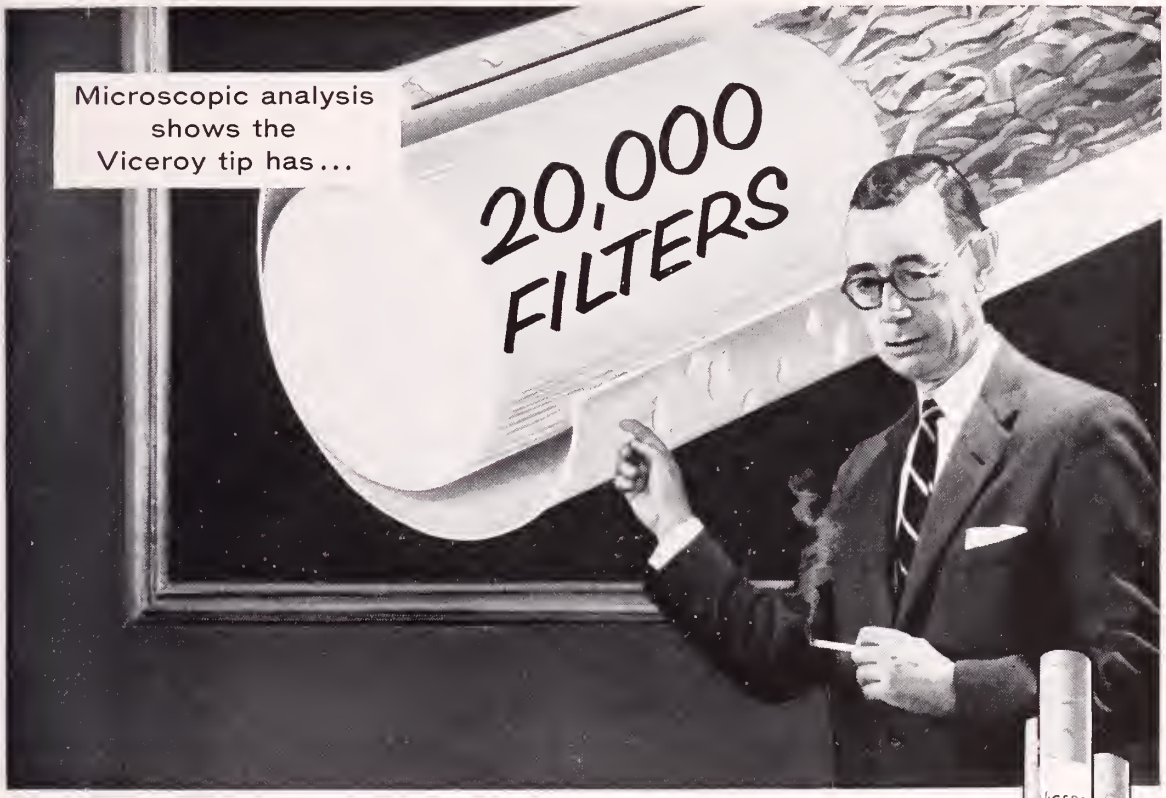
As a steamer was leaving the harbor of Athens a well-dressed young passenger approached the captain, and pointing to the distant hills inquired: "What is that white stuff on the hills, captain?"

"That is snow, madam," replied the captain.

"Well!" remarked the lady. "I thought so myself, but a gentleman just told me it was Greece."—Anon.

HERE'S WHY SO MANY DOCTORS NOW SMOKE AND RECOMMEND

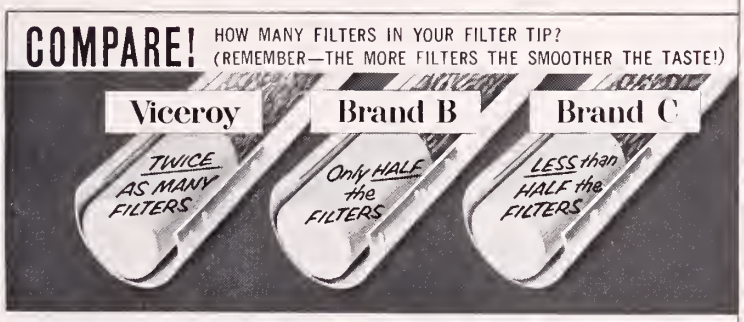
VICEROY



Twice as Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS

For the Smoothest Taste in Smoking!



VICEROY'S EXCLUSIVE FILTER IS MADE FROM PURE CELLULOSE—SOFT, SNOW-WHITE, NATURAL!

ANNUAL CLINICAL CONFERENCE
CHICAGO MEDICAL SOCIETY

MARCH 5, 6, 7 and 8, 1957
PALMER HOUSE, CHICAGO

DAILY HALF-HOUR LECTURES BY OUTSTANDING TEACHERS AND SPEAKERS on subjects of interest to both general practitioner and specialist.

PANELS ON TIMELY TOPICS.

DAILY TEACHING DEMONSTRATIONS.

MEDICAL COLOR TELECASTS.

SCIENTIFIC EXHIBITS worthy of real study and helpful and time-saving TECHNICAL EXHIBITS.

The CHICAGO MEDICAL SOCIETY ANNUAL CLINICAL CONFERENCE should be a MUST on the calendar of every physician. Plan now to attend and make your reservation at the Palmer House.

Morris Memorial Hospital
and
Rehabilitation Center

MILTON, WEST VIRGINIA **PHONE: 9801**

ATTENDING ORTHOPEDIC STAFF:
A. A. Abplanalp, M. D.
R. L. Anderson, M. D.
George R. Callender, Jr., M. D.
J. Marshall Carter, M. D.
James A. Heckman, M. D.
H. M. Hills, M. D.
W. B. MacCracken, M. D.
George Miyakawa, M. D.
Harold B. Sunday, M. D.
Howard A. Swart, M. D.

HONORARY ORTHOPEDIC STAFF:
Harold H. Kuhn, M. D.
Francis A. Scott, M. D.

PEDIATRICIAN:
Marie Thomas, M. D.

ROENTGENOLOGIST:
E. W. Squire, M. D.

PATHOLOGIST:
Walter Putschar, M. D.

REHABILITATION CENTER MEDICAL DIRECTOR:
Harlan A. Stiles, M. D.

Complete Orthopedic Services
Comprehensive Rehabilitation Center Services

Laboratory
Occupational Therapy
Orthopedic Appliance Workshop
Physical Therapy
Psychological Services
Rehabilitation Nursing
Social Casework
Special Education
Surgery
X-Ray

FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. J. E. Spargo, Wheeling
President Elect: Mrs. J. C. Huffman, Buckhannon
First Vice President: Mrs. Julian R. Lewin, Beckley
Second Vice President: Mrs. Charles L. Leonard, Elkins
Third Vice President: Mrs. George T. Evans, Fairmont
Fourth Vice President: Mrs. Wm. A. Thornhill, Jr., Charleston
Treasurer: Mrs. R. R. Pittman, Marlinton
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. Chesterfield J. Holley, Bridgeport, Ohio
Parliamentarian: Mrs. Charles L. Goodhand, Parkersburg

BOONE

The Auxiliary to the Boone County Medical Society met for luncheon at the home of Mrs. Wyson Curry in Madison on September 19, 1956. The president, Mrs. H. V. Wilkerson of Whitesville presided at a business meeting during which plans for the coming year were discussed. The Auxiliary welcomed three new members; Mrs. W. L. Barbour and Mrs. T. C. Sims of Whitesville, and Mrs. Paul Wolf of Madison.—Mrs. Wyson Curry, Correspondent.

* * * *

CABELL

The Woman's Auxiliary to the Cabell County Medical Society held a brunch at the home of Mrs. W. D. Bourn in Huntington on September 18. Members of the Auxiliary to the Mason County Medical Society, which received its charter during the past year, were honor guests.

More than 65 members attended the meeting, and the food was furnished by the members of the Executive Board. Dues were collected and "Year Books" distributed at an informal business meeting held following the brunch.

Plans also were discussed for various ways to raise funds for the American Medical Education Fund, which is one of the main projects of the Auxiliary this year. —Mrs. L. C. Richmond, Jr., Correspondent.

* * * *

GREENBRIER VALLEY

The annual "Doctor's Day Picnic," sponsored by the Woman's Auxiliary to the Greenbrier Valley Medical Society, was held at Watoga State Park early in September.

Entertainment included swimming, tennis, boating, fishing and archery.

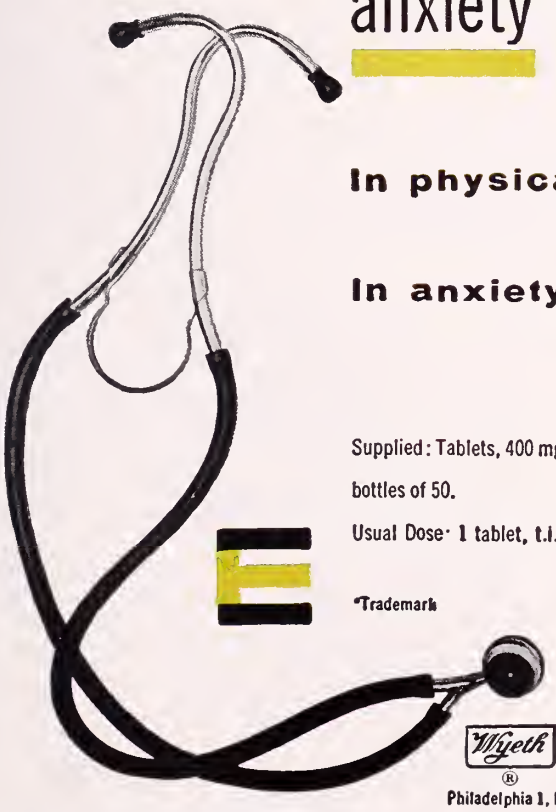
Dinner was served in the main dining room of the Administration Building. The full facilities of the park were made available for the occasion by the superintendent, Mr. James Parks.—Mrs. Ernest Cobb, Correspondent.

* * * *

EASTERN PANHANDLE

The Auxiliary to the Eastern Panhandle Medical Society observed "Doctor's Day" on September 15 at the

anxiety is part of every illness



In physical sickness...
anxiety
In anxiety...

Supplied: Tablets, 400 mg., bottles of 50.
Usual Dose: 1 tablet, t.i.d.

*Trademark

Equanil*

MEPROBAMATE
(2-methyl-2-n-propyl-1,3-propanediol dicarbamate)
Licensed under U.S.Patent No. 2,724,720

Wyeth®
Philadelphia 1, Pa.

anti-anxiety factor with muscle-relaxing action

"The mercurial diuretics have the justified reputation of being the most powerful and consistently effective of all diuretic drugs."*

TABLET
NEOHYDRIN®

*Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics, ed. 2, New York, The Macmillan Company, 1955, p. 847.

07756

Tuscarora Church Hall. Members of the Eastern Panhandle Society and their families were served a chicken dinner by the women of the Tuscarora Presbyterian Church.

The entertainment feature was a clever burlesque of "What's My Line," presented by members and their wives, with Dr. Andrew Zepp as master of ceremonies.

The panel included Mrs. C. G. Power, Mrs. F. L. Harris, Dr. John Kilmer and Dr. Halvard Wanger. Contestants were Mrs. J. Carlton Godlove, Mrs. C. V. Townsend, Dr. L. Walter Fix and Dr. Frank A. Hamilton. The commercials were done splendidly by Mrs. Hamilton.

The program committee was composed of Mrs. George Pugh, chairman, and Mrs. N. B. Groves and Mrs. Frank A. Hamilton.—Mrs. Everett S. Fogle, Correspondent.

* * * *

HANCOCK

The September meeting of the Auxiliary to the Hancock County Medical Society was held at the Community Center, in Weirton, with the president, Mrs. George Naymick, presiding.

Mrs. Richard A. Rose, secretary-treasurer, and delegate to the annual meeting at White Sulphur Springs in August, presented her report of the meeting.

Mrs. Roy G. Conrad was named county chairman of the News Bulletin, and subscriptions were accepted from those present at the meeting.

It was agreed that in the future meetings would be

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Randolph L. Anderson, M. D.
George R. Callender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophtholmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
General Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallagher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pathology
Walter G. J. Putschar
Administrator
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Each Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia *Telephone WI 9-4842*

in the nature of luncheons to be held at noon, instead of evening sessions as in the past.

Refreshments were served by the hostess, Mrs. T. R. Whitaker.—Mrs. E. M. Clubb, Jr., Correspondent.

* * * *

HARRISON

The Auxiliary to the Harrison County Medical Society opened its 1956-57 season with the annual membership tea on September 13 at the home of Dr. and Mrs. Robert T. Humphries, in Clarksburg.

Mrs. J. E. Spargo, Jr., of Wheeling, president of the State Auxiliary, brought greetings to the local Auxiliary.

Besides the hostess, Mrs. Humphries, and the president, Mrs. Andrew J. Weaver, the more than forty guests present were greeted by Mrs. J. C. Huffman of Buckhannon, president elect of the State Auxiliary, Mrs. Charles L. Leonard of Elkins, second vice president, and Mrs. George T. Evans of Fairmont, third vice president.

The arrangements were in charge of Mesdames Lawrence H. Mills, Richard K. Hanifan, William H. Allman, Robert T. Humphries, Donald H. Lough and George W. Rose.

A "Coffee Get-Together," sponsored by the Auxiliary to the Harrison County Medical Society, was held on October 2, 1956. Groups of approximately twenty-five members were invited to the homes of Mrs. William A. Allman, Mrs. James A. Thompson and Mrs. J. Frank Williams.

The monthly dinner meeting of the Harrison County Auxiliary was held at the Stonewall Jackson Hotel in Clarksburg, October 4, with the president, Mrs. Andrew J. Weaver, presiding.

The guest speaker was the Rev. Paul E. Francis, Presbyterian minister of Clarksburg, whose subject was "How to Live Through An Election Year."

The October meeting was attended by 39 members and guests.—Mrs. John D. H. Wilson, Correspondent.

* * * *

KANAWHA

"Everyday Beauty" was the subject of a dinner meeting of the Kanawha Medical Auxiliary on October 9, at Woodrum's Tea Room in Charleston.

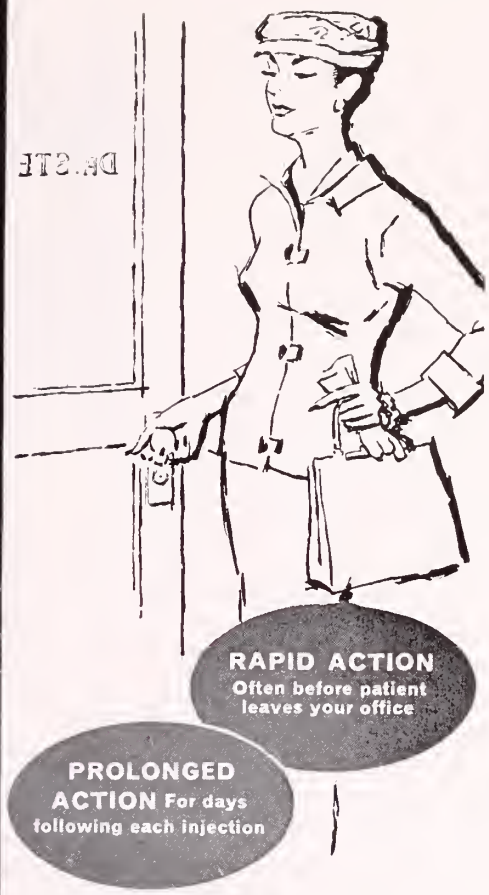
A showing of accessories from Woodrum's, with related fabrics, carpeting and lamps illustrated the part of the program devoted to "Beauty in the Home."

"Everyday Personal Beauty" was demonstrated by Miss Zora Ann Krneta, and Mrs. Ruth Heidenreich of McHenry's Modeling Agency and School as they showed how easily everyday actions could be made gracefully and poised, rather than awkward and tense.

Mrs. W. Paul Elkin, president, conducted a brief business meeting at which Mrs. Franklin Milam, special projects chairman, announced total contributions to the Nurse Recruitment Fund of $1,039.25.

Mrs. Robert O. Burns was introduced as a new member.

HORMOGEN R-A (Rapid Action)



HORMOGEN R-A (Rapid Action) combines the fast action of water-soluble Potassium Estrone Sulfate with the prolonged action of water-insoluble Estrone. Patient is gratified by the immediate relief and you have immediate insight into the effectiveness of the medication. Because of prolonged action, injections can be spaced 3 to 7 days apart.

HORMOGEN R-A: Aqueous suspension in 10 cc. multiple dose vial: each cc. represents Estrone U.S.P. 2 mgs., Potassium Estrone Sulfate 1 mg.

INDICATIONS: Menopause syndrome, for control of uterine bleeding of endocrine origin, senile vaginitis, kraurosis vulvae and puritis vulvae.

DOSAGE: ½ cc. to 1 cc. once or twice a week.

Write for Literature

There's Always A Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

NEW

For Pain-Fre

of everyd

In "Rheumatism"

M*ultip*

TEMF

combine:

THE PROPER FORMULA
PROPERLY FORMULATED

Physical separation of the steroid component from the aluminum hydroxide as provided by the Multiple Compressed Tablet construction assures full potency and stability of prednisolone.

PREDNISOLONE *(1 m.*

+

ASPIRIN *(0.3 Gm.)* .....

+

ASCORBIC ACID *(50 mg*

+

ANTACID *(0.2 Gm.)* .....

*Early rheumatoid arthritis
Rheumatoid spondylitis
Osteoarthritis
Still's disease
Psoriatic arthritis
Bursitis
Synovitis
Tenosynovitis
Myositis
Fibrositis
Neuritis

erformance

ivities

atients

ompressed **T***ablets*

OGEN®

..... for anti-inflammatory, anti-rheumatic benefits *at effective low dosage.*

..... for analgesia plus additional anti-rheumatic activity.

..... for anti-stress support that guards against adrenal ascorbic acid depletion.
(Ascorbic Acid present as 60 mg. Sodium Ascorbate.)

..... dried aluminum hydroxide gel minimizes the possibility of gastric distress.

DOSAGE: *1-4 TEMPOGEN Tablets t.i.d. or q.i.d. (TEMPOGEN Forte, 1 or 2 tablets t.i.d. or q.i.d.) for one or two weeks. Then lower by 1 tablet every four or five days to maintenance level.*

SUPPLIED: *TEMPOGEN and TEMPOGEN Forte —in bottles of 100 Multiple Compressed Tablets. (TEMPOGEN Forte provides 2 mg. of prednisolone.)*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

Mrs. George A. Shawkey read a letter of thanks from Dr. E. J. Van Liere, dean of West Virginia University School of Medicine, for Kanawha County's gift of $135 to the school through the AMEF.—Mrs. U. C. Lovejoy, Correspondent.

* * * *

MERCER

The Nurses' Scholarship Loan Fund was discussed in detail by Mrs. E. L. Gage at the September luncheon meeting of the Auxiliary to the Mercer County Medical Society. The speaker reported that three girls are at present receiving aid through the fund.

Mrs. Gage also reported that the Mercer Auxiliary is sponsoring Future Nurses Clubs at two high schools in the county.—Mrs. James E. McGee, Correspondent.

* * * *

MONONGAHELA

The September meeting of the Woman's Auxiliary to the Monongahela County Medical Society was in the nature of a breakfast at the home of Dr. and Mrs. Charles S. Mahan, in South Park.

At a brief business session following breakfast, the following new members were introduced: Mrs. Walter R. deForest, Mrs. Robert Greco, Mrs. George W. Phillips, and Mrs. Arthur W. Kelley. Other guests present included Mrs. Mollie Scott, Mrs. L. L. Duncan, and Mrs. Enrico Paparozzi.

Mrs. George A. Curry, the president, presided at the meeting, which was attended by 28 members and guests.

Dr. Clark K. Sleeth of Morgantown was the guest speaker at the October dinner meeting of the Auxiliary to the Monongahela County Medical Society held at the Hotel Morgan, in Morgantown. He spoke on the subject of the proposed School Aid Bill.

Hostesses were Mesdames Glenn Ashworth, W. E. King, Clement A. Smith and C. A. Logue.

The dinner meeting was attended by 29 members and guests.—Mrs. H. A. Rich, Correspondent.

Doctor Weech Receives Borden Award

Dr. Ashley Weech of Cincinnati has received the 1956 Borden Award, high honor of the American Academy of Pediatrics, which includes a $1000 gold medal.

The award was made for the recipient's studies in nutrition.

Dr. Weech, director of the Cincinnati Children's Hospital Research Foundation and medical director of the hospital, is well known to members of the West Virginia State Medical Association. He was a guest speaker at the 85th annual meeting at White Sulphur Springs in 1952.

The presence of physician is a great comfort. His role is to cure sometimes, to relieve often, and to comfort always.—Anon.

THRIFT LOAN & FINANCE CORPORATION
Hawley Building
Wheeling, West Virginia

Offers to the Public

6% $100.00 debentures — total issue $50,000.00
6% $ 50.00 debentures — total issue $50,000.00

This Corporation is engaged primarily in the small loan business, which loans are repayable in equal monthly installments ranging between one and twenty months. It conducts a small loan business with three small loan licenses having been obtained from the West Virginia Department of Banking for locations in Ripley, Ravenswood and Paden City. Active offices are maintained in Ripley and Ravenswood.

The offering is made solely through the Offering Circular which may be obtained, without obligation on your part, either by telephoning the Wheeling office, CEdar 2-0830, or by detaching the following and mailing it.

- -

Thrift Loan & Finance Corporation
Hawley Building
Wheeling, West Virginia

Please send me a copy of the offering circular relating to the debenture issue of Thrift & Loan Finance Corporation.

Name _____

Address _____

Book Reviews

THE PSYCHOLOGY AND PSYCHOTHERAPY OF OTTO RANK—By Fay B. Karpf, Ph.D. Pp. 129, with illustrations. Indexed. Philosophical Library, New York City. 1953. Price $3.00.

The following quotation from the preface of the book introduces the man about whom so much has been written:

"Otto Rank is today, and he has been for many years, at once one of the most controversial and influential figures in modern psychotherapy. This is not only because he was, in the words of Havelock Ellis, perhaps the most brilliant and clairvoyant of Freud's many pupils and associates, but also because of the significance of his many contributions to and departures from orthodox psychoanalysis. An innovator and pioneer in various areas of theory and therapy, he was a forerunner in the development of what has recently come to be known as short-term psychotherapy and client-centered therapy, as well as in the early attempts to interrelate psychoanalysis and cultural anthropology, popularized at the present time in terms of the culture-and-personality approach to psychological and psychotherapeutic problems."

Doctor Karpf acquaints the reader with Otto Rank's background, analytic development and essential contributions during the early part of the 20th century. The finished volume indicates that the author labored hard and fruitfully developing her interpretations of Otto Rank's historical and therapeutic significance.

"Patients without primary renal disease, but with albuminuria and high nonprotein nitrogen due to congestive circulatory changes, can be adequately and safely treated with Neohydrin for long periods of time."*

*Griffith, G. C.; Dimitroff, S. P., and Thorner, M. C.: Ann. Int. Med. 45:7, 1956.

07656

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

The author discusses, compares and contrasts the Freudian, Jungian, and Adlerian backgrounds as reference points in the development of Rank's position, concepts and theories. The philosophical observations expressed in the closing paragraphs of some of the chapters are stimulating. The frequent footnotes, although occasionally repetitious, are most forceful and contribute much to the main body of the context.

Psychiatrists, psychologists, and psychiatric social workers who are analytically oriented will appreciate Doctor Karpf's treatise on Otto Rank.—Hiram W. Davis, M. D.

DERMATOLOGY—By Donald M. Pillsbury, M. A., D.Sc. (Hon.), M. D., Walter B. Shelley, M. D., Ph. D., and Albert M. Kligman, M. D., Ph.D. Pp. 1331, with 564 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $20.00.

The year 1956 has seen a significant contribution to our dermatologic literature and reference works. Drs. Pillsbury, Shelley and Kligman have written a new text, from a new point of view, rather than a revision of one of the older texts. It has been written with the general practitioner and medical student in mind, omitting multiple synonyms for which dermatology has been famous for so long, omitting detailed

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO, NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Dovenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

pathologic descriptions and finally omitting controversial therapeutic methods.

The emphasis on anatomy, physiology, biochemistry and basic therapeutics is extensive and excellent. The classification of skin diseases is logical, being arranged first by etiology, second on the basis of the portion of the skin involved and lastly on the basis of clinical similarities.

The sections on diagnoses, relative to probability, age, site and geography, on indications for steroid therapy, lues, endocrinology, psychocutaneous medicine and industrial dermatitis are outstanding, as is the photography.

The text is beautifully written and filled with many quotable remarks, reading more like a work of fiction than one of science. It is recommended to all those interested in dermatology.—Beatrice H. Kuhn, M. D.

* * * *

FILMS IN PSYCHIATRY, PSYCHOLOGY AND MENTAL HEALTH—By Adolf Nichtenhauser, M. D., Marie L. Coleman, and David S. Ruhe, M. D. Pp. 269, with illustrations. Indexed. Published by Health Education Council, New York City. 1953. Price $6.00.

Films in Psychiatry, Psychology and Mental Health is a useful source book. It contains comprehensive reviews of 51 films, as well as an index to the contents of 101 films. There are several fine dramatic scenes from the films which combine with the context to be instructive as well as informative.

The authors have presented their subject simply and most forcibly. The stimulating condensations create a desire to view the films in their entirety. The method of review of each film covers the essential elements as to type of audience, production data, distribution, content description, appraisal, presentation, effectiveness, and utilization.

This good reference book is of definite value to lay groups, relatives of mental patients, professional psychiatric personnel, general practitioners, educators and mental health associations.—Hiram W. Davis, M. D.

* * * *

ROENTGEN SIGNS IN CLINICAL DIAGNOSIS—By Isadore Meschan, M. A., M. D., with the assistance of R. M. F. Farrer-Meschan, M. D., B. S. Pp. 1058, with 2216 illustrations on 780 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $20.00.

In preparing this excellent textbook the author has limited his objectives to meeting the need for a comprehensive work that would present the fundamental basic concepts of radiology simply, logically and clearly. Many of us have long felt the need of such a book, since we have believed that the teaching of radiology to medical students, interns and to residents in the various medical and surgical specialties has been inadequate.

The present volume is an attempt to correct this unfortunate situation by supplying a more satisfactory textbook for use by the serious student. While it has not been designed as a reference for the specialist in radiology, it will serve him well in presenting his specialty to the beginner in the radiologic art. It will also prove very valuable to the general practitioner and to those specialists in many fields who desire to correlate

EVERY WOMAN

WHO SUFFERS

IN THE

MENOPAUSE

DESERVES

"PREMARIN"®

widely used

natural, oral

estrogen

AYERST LABORATORIES

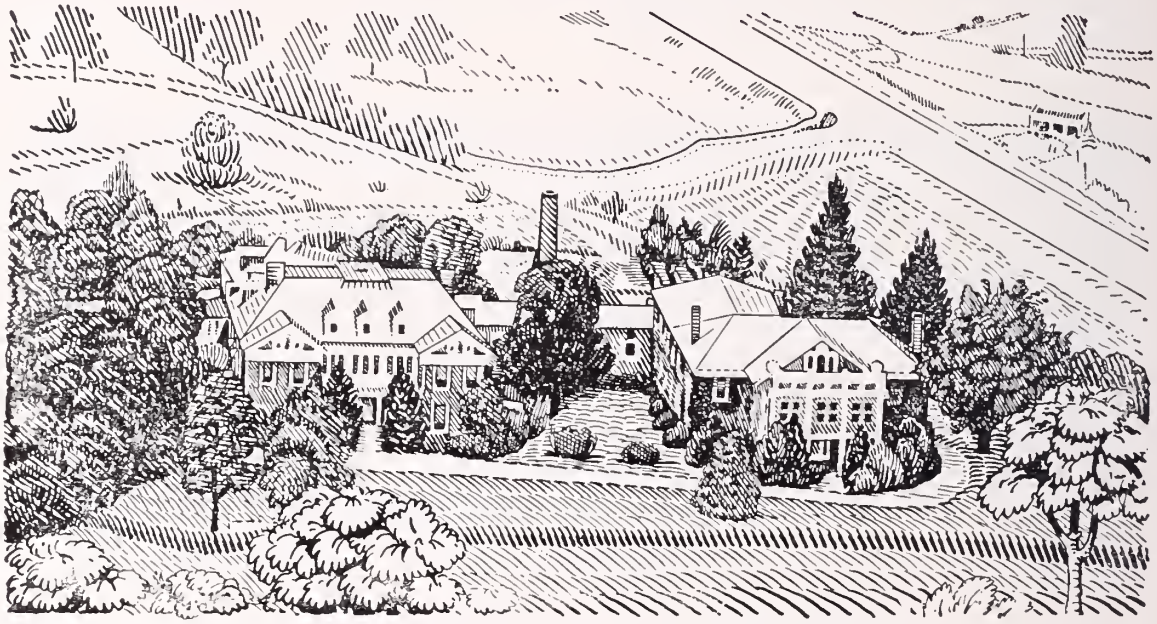
New York, N. Y. • Montreal, Canada

5645

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

the roentgen findings with the other facets of the diagnostic picture.

This book presents the roentgen signs of disease and attempts to interpret them in terms of the underlying pathology. The method of approach is to group together those conditions which produce similar or contrasting signs on the roentgenogram. This necessarily makes for a certain amount of duplication of material, but it is a very effective method, especially for the neophyte, since it tends to fix signs in his memory by repetition.

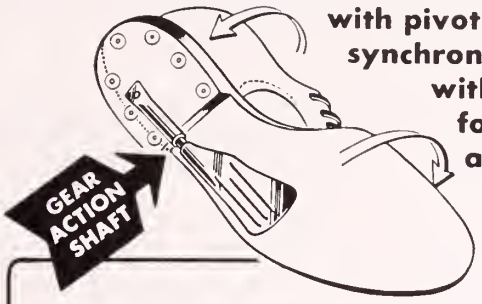
Some of the material is quite elementary and might have been dispensed with except for the author's desire to make this volume stand entirely on its own feet, independent of other works, even of his own recent "Atlas of Normal Radiographic Anatomy."

The drawings are numerous and well executed. The roentgenograms are reproduced in their natural appearance as negatives and are often accompanied by explanatory drawings. Altogether this is a volume which should find a ready and widespread use in practically every medical library.—Karl J. Myers, M. D.

Books Received

DISEASES OF THE BREAST—By C. D. Haagensen, M. D., Professor of Clinical Surgery, The College of Physicians and Surgeons, Columbia University; Director of Surgery, The Francis Delafield Hospital, Columbia, Presbyterian Medical Center. Pp. 751 with 404 illustrations and 25 charts. Philadelphia and London: W. B. Saunders Company, 1956. Price $16.00.

The Gear Action Shoe ★ with pivot arch synchronizing with the foot in action



- Insole extension and wedge at inner corner of heel where support is most needed.
- The patented arch support construction is guaranteed not to break down.
- Innersoles guaranteed not to crack or collapse.
- Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.
- Conductive Shoes for surgical and operating room personnel. N.B.F.U. specifications.

★ We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.

- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. **CINCINNATI 2, OHIO**

ORGANIZED HOME MEDICAL CARE IN NEW YORK CITY—A Study of Nineteen Programs by the Hospital Council of Greater New York. Pp. 538. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Mass. 1956. Price $8.00.

* * *

CLINICAL PATHOLOGY—Application and Interpretation—By Benjamin B. Wells, M. D., Ph.D., Director of Clinical Investigation, The Lynn Clinic, Detroit. Pp. 488, with 25 figures. Second edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $8.50.

* * *

CARE OF THE LONG-TERM PATIENT—Commission on Chronic Illness, being Volume II, Chronic Illness in the United States. Pp. 606. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts. 1956. Price $8.50.

* * *

DISEASES OF THE HEART—By Charles K. Friedberg, M. D., Attending Physician, The Mount Sinai Hospital, New York; Associate Clinical Professor of Medicine; College of Physicians and Surgeons, Columbia University. Pp. 1161 with 157 figures. Second Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $18.00.

* * *

DICTIONARY OF POISONS—By Ibert and Eleanor Mellan. Pp. 150. Philosophical Library, 15 E. 40th Street, New York 16, N. Y. 1956. Price $4.75.

All of us are here today, alive, because at many junctures in history our forefathers—undismayed by the particular fears which haunted their times—took courage from faith and transmitted faith down through succeeding generations to us . . . Only faith is truly and invincibly strong and viable.—Lewis L. Strauss.

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the fainter details and obscure shadows that mean so much to the scientific mind.

•

Charleston Engraving Co.

225 Hale Street **Charleston, W. Va.**

One of the Five Patient Units

HARDING SANITARIUM WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

Harrison S. Evans, M. D., Medical Director

George T. Harding, M. D., President of Board L. Harold Caviness, M. D., Clinical Director

Charles W. Harding, M. D.

TELEPHONE: Columbus TUxedo 5-5381

Correspondence

WEST VIRGINIA UNIVERSITY
College of Education
Morgantown

October 6, 1956

Mr. Charles Lively, Executive Secretary,
West Virginia State Medical Association,
Box 1031
Charleston 24, West Virginia

Dear Mr. Lively:

You should derive a lot of satisfaction with the results and growth of the Rural Health Conference. Your colleagues are supporting a movement that should yield increasing confidence in the professional-lay relationship. The testimony on both sides was really thrilling and it seems to me it is now a question of spreading its influence to all areas. Continuing the conference should provide this feed-back to local areas and will maintain progress.

Thanks so much for letting me participate.

Cordially,

(Signed) H. B. Allen

HBA:w

SMITH, KLINE & FRENCH LABORATORIES
Philadelphia 1, Pa.

September 24, 1956

Mr. Charles Lively, Executive Secretary,
West Virginia State Medical Association,
Charleston 24, W. Va.

Dear Mr. Lively:

In order to fully utilize a rapidly developing means of communicating to physicians, we have established the S.K.F. Film Center to produce and distribute medical films for showing at medical society and similar meetings.

The enclosed brochure describes four films currently available from our Film Center. I hope you will find at least one of them appropriate for presentation. As the brochure explains, we will mail our films to you without charge.

In addition to films of professional interest, the Film Center has available kinescope films of our "March of Medicine" documentary television series (produced by S.K.F. in cooperation with the American Medical Association). You may find these kinescopes useful aids when members of your society are called upon to speak before lay groups. I would be delighted to have a descriptive list sent to you.

If you have any suggestions as to how we can make

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.
D. A. MacGregor, M. D.
Albert M. Valentine, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

the Film Center more useful to you, please let me know.

Very sincerely,

(Signed) Francis Boyer
President

(Ed.: In a later communication from Smith, Kline & French Laboratories, we are informed that the films described are available for use by component societies of the West Virginia State Medical Association. Requests should be mailed to the Laboratories, marked for the attention of the Film Center.)

Ladies and Gentlemen

The sex of an individual is second in importance only to the fact that he or she was born to exist at all. From the moment of birth, sex governs the course of physical development, function, thought, activity and behavior. In all of society, one's sex is the attribute first noticed by other people. This is true everywhere —whether the stranger arrives by parachute among an isolated tribe of savages, by formal entrance into a crowded ballroom, or by the hands of an obstetrician into a hospital delivery room.

The vital importance of sex accounts for one of the most common speculations on the outcome of any pregnancy—will it be a boy or a girl?

From antiquity to modern times, attempts to foretell the sex of an unborn child have involved a great variety of criteria—most of which have been based on folklore and superstition—e.g., whether the baby is carried "all at the back" or "all at the front," whether a needle suspended over the abdomen rotates clockwise or withershins, at what phase of the menstrual cycle conception occurred, at what stage of gestation movements were first detected, or the length or type of labor.

A few criteria for prenatal sex determination have enjoyed a somewhat more scientific rationale—e.g., the fetal heart rate and chemical analysis of the maternal saliva.

None of the criteria have stood the test of time. Thus far, expectant parents and other interested parties have been obliged to await delivery—and see.—International Medical Digest.

Exfoliative Cytology

In the literature about exfoliative cytology as an aid to early diagnosis of lung cancer, statements vary from the doubting to the enthusiastic. Certainly it is a new field, and the proper application of the method for maximum effectiveness has not been established. In most research projects, however, it has proved a valuable procedure when used in conjunction with bronchoscopy, biopsy, and other examinations.

When lung cancer is suspected, examination of three body fluids—the peritoneal, pleural, and sputum—may be helpful in diagnosis. Examination of exfoliated cells in the sputum is particularly useful in early diagnosis of operable lung cancer, whereas pleural and peritoneal fluid analysis is useful in detecting the presence of metastases.—The Cancer Bulletin.

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winston, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING. AUDITING. TAX RETURNS

GIVE... the United way

UNITED

UNITED COMMUNITY CAMPAIGNS

Every day increases the sheer weight of knowledge put into our hands, some new power control over natural processes . . . . Our age is being forcibly reminded that knowledge is no substitute for wisdom. Far and away the most important thing in human life is living it.—Rt. Rev. F. R. Barry.

FOR SALE—Profexray for skin therapy. 100 KV-10 MA. Excellent Condition. $995.00. Write O. R., Box 1031, Charleston 24, West Virginia.

FOR SALE—Supply of Radium and Westinghouse X-Ray Machine, 220 KV Constant Potential. Write Room 1111 1st Huntington National Bank Building, or phone 26894, Huntington, W. Va.

FOR SALE—Castle water, instrument and autoclave sterilizer; Rochester examination and treatment table; scales; Hanovia Alpine light; two white, steel and plate glass instrument cabinets; two white steel bedside tables; and one lot of assorted surgical and treatment and diagnostic instruments. Write T. E. Vass, M. D., 714 Edgewood Road, Bluefield, West Virginia.

GENERAL OFFICE EQUIPMENT FOR SALE—Owner retiring because of ill health. Address Richard O. O'Dell, M. D., 219 Winfield Road, St. Albans, or phone PA 7-7834, St. Albans, W. Va.

THE

Daniel Boone Hotel

CHARLESTON, W. VA.

Rates $4.00 Up

•

465 ROOMS, EACH WITH BATH, CIRCULATING ICE WATER AND RADIO

COMPLETELY AIR CONDITIONED

Roger S. Creel, Managing Director

Doniel C. Pierce, Resident Monoger

MEDICAL MSS.

Advice ond oid in preporotion of scientific papers for publicotion. Editing.

Lillian McGurl

REFERENCES

Phone: 2-5579

1537 Hompton Rood Chorleston, West Va.

DOCTOR—

• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY

★

FEICK BROTHERS CO.

Pittsburgh's Leading Surgical Supply House

811 Liberty Ave. Pittsburgh, Pa.

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: Athey R. Lutz, Parkersburg
First Vice President: E. Lyle Gage, Bluefield
Second Vice President: Charles A. Hoffman, Huntington
Treasurer: T. Maxfield Barber, Charleston
Executive Secretary: Mr. Charles Lively, Charleston
Ass't. Exec. Sec'y.: Mr. Wm. H. Lively, Charleston

A. M. A. Delegates:
Walter E. Vest (1956), Huntington
Frank J. Holroyd (1957), Princeton

A. M. A. Alternates:
Jacob C. Huffman (1956), Buckhannon
Thomas G. Reed (1957), Charleston

COUNCIL

Chairman: J. P. McMullen, Wellsburg
At Large: Russel Kessel, Charleston

First District:
George T. Evans (1956), Fairmont
D. E. Greeneltch (1956), Wheeling

Second District:
Charles L. Leonard (1956), Elkins
Carl E. Johnson (1957), Morgantown

Third District:
John F. McCuskey (1956), Clarksburg
Jacob C. Huffman (1957), Buckhannon

Fourth District:
Ray H. Wharton (1956), Parkersburg
Francis L. Coffey (1957), Huntington

Fifth District:
Everett H. Starcher (1956), Logan
Russell A. Salton (1957), Williamson

Sixth District:
R. R. Summers (1956), Charleston
Philip W. Oden (1957), Ronceverte

STANDING COMMITTEES

Cancer
F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare
Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws
Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory
Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative
E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health
James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare
Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education
Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill.

Necrology
Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi; Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E. Andrew Zepp, Martinsburg.

Program
Wade H. St. Clair, Jr., Bluefield, Chairman; Seigle W. Parks, Fairmont; and William A. Thornhill, Jr., Charleston.

Public Relations
William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication
Walter E. Vest, Huntington, Chairman; G. G. Irwin, Charleston; R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F. Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgontown.

Rural Health
Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis
Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis
Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Visian and Hearing
Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensatian
Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

Industrial Medicine and Public Health
Guy R. Post, Parkersburg, President; George F. Fordham, Mullens, Vice President; and William H. Riheldaffer, Charleston, Secretary.

Internal Medicine
A. C. Thompson, Elkins, President; and John E. Lenox, Elkins, Secretary.

Neurology, Neurasurgery and Psychiatry
Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

W. Va. Acad. of Ophthalmology and Otolaryngology
William F. Beckner, Huntington, President; Wilbur F. Shirkey, Charleston, President Elect; Frederick C. Reel, Charleston, Vice President; and William K. Marple, Huntington, Secretary-Treasurer.

Orthopedic Surgery
H. M. Hills, Jr., Charleston, Chairman; George Miyakawa, Charleston, Vice Chairman; and James A. Heckman, Huntington, Secretary-Treasurer.

West Virginia Association of Pathalogists
Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and Richard C. Neale, Bluefield, Secretary-Treasurer.

West Virginia Pediatric Society
Marcus E. Farrell, Clarksburg, President; Theresa O. Snaith, Weston, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology
R. W. Powell, Fairmont, President; H. A. Shaffer, Morgantown, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer.

Surgery
Wade H. St. Clair, Jr., Bluefield, Chairman; and Ben I. Golden, Elkins, Secretary-Treasurer.

Urology
Charles A. Hoffman, Huntington, President; John F. McCuskey, Clarksburg, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS AND SOCIETIES

West Virginia Society of Anesthesiologists
John F. Morris, Huntington, President; David A. Haught, Huntington, Vice President; and Eldon B. Tucker, Morgantown, Secretary-Treasurer.

West Virginia Diabetes Association
Halvard Wanger, Shepherdstown, President; A. B. Curry Ellison, Charleston, President Elect; Paul P. Warden, Grafton, Vice President; and J. Paul Aliff, Charleston, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association
Clark K. Sleeth, Morgantown, President; Upshur Higginbotham, Bluefield, President Elect; Lynwood D. Zinn, Clarksburg, Vice President; James H. Walker, Charleston, Secretary; and Mr. R. E. Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society
George T. Evans, Fairmont, President, C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer.

IDENTIFY YOURSELF WITH WORLD MEDICINE

through

THE WORLD MEDICAL ASSOCIATION

by joining its

UNITED STATES COMMITTEE, INC.

(Approved by American Medical Association)

Your Membership Brings You . . .

1. *Certificate of Membership*, your introduction card to 700,000 doctors of nearly 60 nations joined in a world-wide movement for the highest possible level of medical service.
2. *The World Medical Journal*, published bi-monthly, and all published studies of WMA, with data nowhere else available on scientific, economic, educational and social trends in world medicine.
3. *Letters of Introduction* to foreign medical associations and their members, facilitating professional contacts when traveling abroad.
4. *A share in representing the* interests of the practicing physician before other international groups dealing with medicine.
5. *The satisfaction of sharing the advantages of American* medical progress with other lands, and at the same time helping to protect the freedom of medicine.

JOIN TODAY!

Dr. Louis H. Bauer, Secretary-Treasurer
U. S. Committee, Inc., World Medical Association
10 Columbus Circle, New York 19, New York

I desire to become an individual member of The World Medical Association, United States Committee, Inc., and enclose check for $ _____, my subscription as a:

_____ Member	—$ 10.00 a year
_____ Patron Member	—$100.00 or more per year
_____ Life Member	—$250.00 (no further assessments)

Signature _____

Address _____

_____

(Contributions are deductible for income tax purposes)

PLEASE MAKE CHECKS PAYABLE TO
U. S. COMMITTEE, WORLD MEDICAL ASSOCIATION

Maternal and Child Health Director Accepts Kentucky Appointment

Dr. Helen B. Fraser of Charleston, who has served as director of the division of maternal and child health, State Department of Health, since 1952, has tendered her resignation effective November 16. She has accepted appointment as director of the Division of Maternal and Child Health of the Kentucky State Department of Health, and will assume her duties late this year. Her headquarters will be in Louisville.

State Board of Health Names County Health Officers

Dr. William S. Herold of Fayetteville has been appointed health officer of Fayette County. The appointment was made by the State Department of Health at a meeting held in Charleston on October 18. Part-time county health officers were appointed as follows:

Mineral, Dr. Paul T. Healy, Keyser; Lewis, Dr. Theresa O. Snaith, Weston; Hardy, Dr. M. H. Maxwell, Moorefield; Grant, Dr. M. F. Townsend, Petersburg; Jefferson, Dr. Earl D. Allara, Charles Town; Mason, Dr. Dan Glassman, Pt. Pleasant; and Marion, Dr. David C. Prickett, Fairmont.

Schering Corporation Announces 1957 Award Contest

Three important branches of medicine have been selected as topics for the 1957 Schering Award contest, sponsored by Schering Corporation, Bloomfield, New Jersey.

The chairman of the award committee, Dr. Chester B. Szmal, has announced that the contest, which is now under way, is open annually to all medical students in the United States and Canada.

The three subjects for 1957 are as follows:

Incidence of Various Types of Cardiovascular Diseases by Age Group in the Male and the Female.

Recent Trends in Corticosteroid Therapy for Ocular Disorders.

Recent Advances in the Biochemical Aspects and Treatment of Mental Disease.

Informational pamphlets and entry forms are being distributed in medical schools, and it is important that students interested in participating should submit their entry forms not later than January 1, 1957. Further information may be obtained by writing Schering Award Committee, Bloomfield, New Jersey.

Awards for 1957 total $4500.00 A $1000.00 first prize and a $500.00 second prize will be awarded for the best papers on each of the three topics.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

SUPERB ACCOMMODATIONS
for
Acute and permanent Geriatric patients
and
Acute female nervous disorders

SHOCK THERAPY
and
other treatment as indicated

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
803 Atlas Building
Charleston, W. Va.
Phones: Off. 3-5472, Res. 6-1212

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY; RHINO-PLASTY AND OTO-PLASTY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va.
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Dermatology and Corrective Surgical Planing of Skin (Kurtin Technique)
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

This Space for Sale

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
Diplomate American Board of Neurological Surgery
815 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, CEdar 3-3252; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
CARL J. RONCAGLIONE, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
Phone 2-4493
1210 Virginia St., E. — Charleston, W. Va.

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg. — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
A. ADAM, M. D.
1123 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
412 Medical Arts Bldg. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

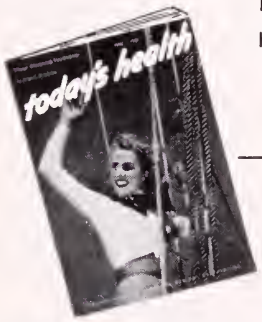
WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va.

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown — 1034 Quarrier St.
Kanawha City — At Foot of Bridge

today's health a must!
for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

NOVEMBER ADVERTISERS

Abbott ..... xvi, xvii
American Health Insurance Corp. ix
American Meat Institute xxx
Ayerst Laboratories lxv

Bayer Company viii
Broaddus Hospital lxiv
Burroughs Wellcome ..... xxiv, l, li

Charleston Engraving Company lxviii
Chicago Medical Society lvi
Ciba Pharmaceutical Products xxviii
Cincinnati Sanitarium xv
Columbus Pharmacal Company liii
Corn Products Refining Co. x

Daniel Boone Hotel lxxi

Feick Brothers lxxi
Foot-So-Port Shoe Co. lxvii

Geigy Pharmaceuticals xx

Harding Sanitarium lxviii

Keeley Institute lxiv
Kloman Instrument Company xlii
Knox Gelatine Co. xxxvii

Lakeside Laboratories ..... xxv, lviii, lxiii
Lederle Laboratories ..... xix, xxxix, 382, 383
Lilly, Eli and Company ..... *Front Cover*, xlvi

Mallard, Inc. lix
Marmet Hospital lviii
McMillen Sanitarium lxxiv

Medical Arts Supply Co. lii
Merck Sharp & Dohme ..... v, xxii, xxiii, xl, xli, xlix, lx, lxi
Morris Memorial Hospital lvi
Myers Clinic liii

Parke, Davis & Company ..... ii, iii
Patton Adjustments, Inc. lxxviii
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ..... xi, xii, xiii, xiv, xxxii, xxxiii
Physicians Casualty and Health Association liv
Physicians and Dentists Business Bureau lxx
Physicians Products Co. xviii

Robins, A. H. Co., Inc. ..... *Insert*

St. Albans Sanitorium lxvi
Schering ..... vi, vii, xxvi, xxvii, xliv, xlv
Schmid, Julius, Inc. xxxvi
Searle, G. D. & Co. xlvii
Smith, Kline & French Laboratories ..... *Back Cover*
Squibb, E. R. & Sons, Div. of Mathieson Chemical Corp. xxxiv

Thrift Loan & Finance Corp. lxii

Upjohn xliii

Viceroy Cigarettes lv

Wallace Laboratories xxxv
Westbrook Sanatorium lxiii
Wheeling Clinic lxix
Winthrop Laboratories, Inc. ..... xxix, xxxviii
Wocher's, Max lxvii
Wyeth, Inc. ..... xxi, xxxi, lvii

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

The terrible vengeance of Joseph P. Fyffe

ON A WARM August evening in 1870, a footsore stranger in naval officer's uniform walked into East Haddam, Connecticut.

His name was Joseph P. Fyffe, and he was revenging himself on the Navy for refusing to advance him travel money to proceed to his new station, San Francisco.

He was trudging cross-country *on foot*. And conscientiously wiring in daily progress reports well-calculated to give his superiors apoplexy. His sixth, from Albany, N.Y., read in part:

> *"Entered Albany barefooted X Comfortable X Earning my keep as bartender X Local rum far superior that served in Navy X Am sending sample"*

At this, the Navy struck its colors, reversed its time-honored tradition, and began prepaying travel allowances.

Strangely enough, Joe Fyffe actually wound up as a rear admiral. That, of course, was years later; and he has long since passed to his reward. But his vigorous and outspoken independence is still alive and kicking in today's Americans. That's why our country is a strong, vital nation and why our country's Savings Bonds are one of the finest investments in the world.

165 million Americans stand behind U. S. Savings Bonds. *There is no better guarantee.* So buy Bonds regularly—and keep the ones you buy.

It's actually easy to save—when you buy Series E Savings Bonds through the Payroll Savings Plan. Once you've signed up at your pay office, your saving is done *for you*. The Bonds you receive pay good interest—3% a year compounded half-yearly when held to maturity. And the longer you hold them, the better your return. Even after maturity, they go on earning 10 years more. So hold on to your Bonds! Join Payroll Savings today—or buy Bonds where you bank.

Safe as America—
U.S. Savings Bonds

The U.S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

'Thorazine' relieved this patient's anxiety, tension and fear and made it possible for him to return to work.

'THORAZINE' CASE REPORT

patient: Anxiety, tension, and a fear of going out alone made it impossible for this 36-year-old man to work. After other treatments had failed he was given 'Thorazine'.

response: "On 'Thorazine' medication, 100 mg. orally, daily, his anxiety and apprehension disappeared rapidly. The patient was able to go out alone and to work once again. His mood was actually gay and his co-workers were surprised at this change. He was now free from care whereas before he had been distressed by the slightest difficulty."

This case report is from the files of a general practitioner.

THORAZINE*

Available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

Smith, Kline & French Laboratories, Philadelphia

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

greater antibacterial efficacy...

Chloromycetin®

for today's problem pathogens

Because of the increasing emergence of pathogenic strains resistant to commonly used antibiotics, judicious selection of the most effective agent is essential to successful therapy. *In vitro* sensitivity studies serve as a valuable guide to the antibiotic most likely to be most effective. Both clinical experience and sensitivity studies indicate the greater antibacterial efficacy of CHLOROMYCETIN (chloramphenicol, Parke-Davis) treatment for many resistant infections.[1-7]

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References (1) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305 (Jan. 22) 1955. (2) Austrian, R.: *New York J. Med.* 55:2475 (Sept. 1) 1955. (3) Murphy, F. D., & Waisbren, B. A., *in* Murphy, F. D.: Medical Emergencies: Diagnosis and Treatment, ed. 5, Philadelphia, F. A. Davis Company, 1955, p. 557. (4) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (5) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (6) Kass, E. H.: *Am. J. Med.* 18:764, 1955. (7) Tebrock, H. E., & Young, W. N.: *New York J. Med.* 55:1159 (Apr. 15) 1955.

graph is adapted
Altemeier, Cul-
n, Sherman, Cole,
n, & Fultz.[1]

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

DECEMBER
1956

Vol. 52 No. 12

The WEST VIRGINIA Medical Journal

Official Organ of the West Virginia State Medical Association

Box 1031 Charleston 24, W. Va.

EDITOR
Walter E. Vest, M. D.
Huntington

MANAGING EDITOR AND BUSINESS MANAGER
Mr. Charles Lively
Charleston

EXECUTIVE ASSISTANT
Mr. William H. Lively
Charleston

ASSOCIATE EDITORS

G. G. Irwin, M. D.
Charleston

R. H. Edwards, M. D.
Welch

William M. Sheppe, M. D.
Wheeling

George F. Evans, M. D.
Clarksburg

E. Lyle Gage, M. D.
Bluefield

Edward J. Van Liere, M. D.
Morgantown

Published monthly by the West Virginia State Medical Association under the direction of the Publication Committee. Original articles are accepted on condition that they are contributed solely to the Journal.

The Publication Committee is not responsible for the authenticity of opinion or statements made by authors or in communications submitted to this Journal for publication. The author or communicant shall be held entirely responsible.

Entered as second-class matter January 1, 1926, at the post office at Charleston, West Virginia, under the act of March 3, 1879.

Subscription, $3.50 per year; 50¢ per single copy. Advertising rates furnished on request. Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia. Phone Dickens 4-4625.

WEST VIRGINIA PRESS ASSOCIATION
Member 1956

CONTENTS

Scientific Articles

Federal Legislation and How It Affects The Medical Profession—Dwight H. Murray, M. D. 407
Traumatic Tracheo-Esophageal Fistula (Report of a Case)—Haven M. Perkins, M. D., and Victor S. Skaff, M. D. 411
Tuberculosis in the Adult Negro—Frank A. Carone, M. D., George A. Curry, M. D., and Milford L. Hobbs, M. D. 415
The Physiology of Urine Secretion—David W. Northup, Ph.D. 417

Special Articles

Occupational Diseases in West Virginia—John P. Brick, M. D., Samuel Biern, Jr., M. D., and J. Paul Aliff, M. D. 422
The Rehabilitation Center of Morris Memorial Hospital—Harlan A. Stiles, M. D., and Jack E. Pearson, M. S. 425

The President's Page

Valedictory, 1956—Athey R. Lutz, M. D., President, West Virginia State Medical Association 430

Editorials

Kidney Function 431
Medicare Approved by The President 431
Doctor Escue—An Appreciation 432
Improving Doctor-Patient Relationship 432
Blue Shield Responsibility 433
Christmas Seals 433

General News

Dependents' Medical Care Program 434
Medicare Committee in Washington 436
Bluefield Sanitarium Seminar 437
Medical Assistants' Society 438

Special Departments

The Month in Washington xxxvi
Obituaries xxxviii
County Societies xl
The Woman's Auxiliary xlii
Book Reviews li
Index to Volume LII—1956 liii
Correspondence lxi
Directory of Physicians in Limited Practice lxvii
Index to Advertisers lxx

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

The Upjohn Company, Kalamazoo, Michigan

WEST VIRGINIA STATE MEDICAL ASSOCIATION

302 Atlas Bldg. (P. O. Box 1031)
Charleston, W. Va.

OFFICERS

President: Athey R. Lutz, Parkersburg
First Vice President: E. Lyle Gage, Bluefield
Second Vice President: Charles A. Hoffman, Huntington
Treasurer: T. Maxfield Barber, Charleston
Executive Secretary: Mr. Charles Lively, Charleston
Ass't. Exec. Sec'y.: Mr. Wm. H. Lively, Charleston

A. M. A. Delegates:
Walter E. Vest (1956), Huntington
Frank J. Holroyd (1957), Princeton

A. M. A. Alternates:
Jacob C. Huffman (1956), Buckhannon
Thomas G. Reed (1957), Charleston

COUNCIL

Chairman: J. P. McMullen, Wellsburg
At Large: Russel Kessel, Charleston

First District:
George T. Evans (1956), Fairmont
D. E. Greeneltch (1956), Wheeling

Second District:
Charles L. Leonard (1956), Elkins
Carl E. Johnson (1957), Morgantown

Third District:
John F. McCuskey (1956), Clarksburg
Jacob C. Huffman (1957), Buckhannon

Fourth District:
Ray H. Wharton (1956), Parkersburg
Francis L. Coffey (1957), Huntington

Fifth District:
Everett H. Starcher (1956), Logan
Russell A. Salton (1957), Williamson

Sixth District:
R. R. Summers (1956), Charleston
Philip W. Oden (1957), Ronceverte

STANDING COMMITTEES

Concer

F. Lloyd Blair, Parkersburg, Chairman; Boyd K. Black, Parkersburg; William T. Booher, Wellsburg; Lawrence B. Gang, Huntington; Charles D. Hershey, Wheeling; Walter G. J. Putschar, Charleston; and Chauncey B. Wright, Huntington.

Child Welfare

Theresa O. Snaith, Weston, Chairman; Jack Basman, Charleston; Robert D. Crooks, Parkersburg; Thomas G. Folsom, Huntington; O. L. Haynes, Fairmont; Carl E. Johnson, Morgantown; Geo. A. Shawkey, Charleston; and Mark S. Spurlock, Logan.

Constitution and By-Laws

Richard E. Flood, Cove Station, Weirton, Chairman; George S. Appleby, Martinsburg; John Bankhead Banks, Charleston; Don S. Benson, Moundsville; James S. Klumpp, Huntington; Bruce H. Pollock, Huntington; and James L. Wade, Parkersburg.

DPA Advisory

Hugh A. Bailey, Charleston, Chairman; Henry M. Hills, Jr., Charleston; and W. Fred Richmond, Beckley.

Fact Finding and Legislative

E. Lyle Gage, Bluefield, Chairman; George T. Evans, Fairmont; S. William Goff, Parkersburg; Grover C. Hedrick, Jr., Beckley; Frank J. Holroyd, Princeton; Thomas G. Reed, Charleston; Raymond Updike, Montgomery; A. J. Villani, Welch; and Ward Wylie, Mullens.

Industrial Health

James L. Thompson, Weirton, Chairman; Oscar B. Biern, Huntington; Joe N. Jarrett, Oak Hill; Hubert T. Marshall, Morgantown; George E. McCarty, New Haven; and Watson F. Rogers, Parkersburg.

Maternal Welfare

Charles L. Goodhand, Parkersburg, Chairman; Carl S. Bickel, Wheeling; Clarence H. Boso, Huntington; Helen B. Fraser, Charleston; Wilbur E. Hoffman, Charleston; Edwin J. Humphrey, Jr., Huntington; and C. Truman Thompson, Morgantown.

Medical Education

Thomas L. Harris, Parkersburg, Chairman; Sobisca S. Hall, Clarksburg; James P. McMullen, Wellsburg, Maynard P. Pride, Morgantown; Walter E. Vest, Huntington; and Charles E. Watkins, Oak Hill

Necrology

Myer Bogarad, Weirton, Chairman; A. Kyle Bush, Philippi, Thos. V. Gocke, Clarksburg; Julian R. Lewin, Beckley; Howard J Maxwell, Petersburg; Carl W. Thompson, Point Pleasant; and E Andrew Zepp, Martinsburg.

Program

Wade H. St. Clair, Jr., Bluefield, Chairman; Seigle W. Parks, Fairmont; and William A. Thornhill, Jr., Charleston.

Public Relations

William L. Cooke, Charleston, Chairman; T. Maxfield Barber, Charleston; Albert C. Esposito, Huntington; R. Alan Fawcett, Wheeling; Keith E. Gerchow, Morgantown; Logan W. Hovis, Parkersburg; and John F. McCuskey, Clarksburg.

Publication

Walter E Vest, Huntington, Chairman; G. G. Irwin, Charleston, R. H. Edwards, Welch; Wm. M. Sheppe, Wheeling; George F Evans, Clarksburg; E. Lyle Gage, Bluefield; and Edward J. Van Liere, Morgantown.

Rural Health

Jerome C. Arnett, Rowlesburg, Chairman; Andrew E. Amick, Lewisburg; Deane F. Brooke, Beckley; Robert T. Coffman, Keyser; Martha J. Coyner, Harrisville; Newman H. Dyer, Charleston; Thomas G. Matney, Peterstown; Theresa O. Snaith, Weston; Edward J. Van Liere, Morgantown; and Paul P. Warden, Grafton.

Syphilis

Newman H. Dyer, Charleston, Chairman; Harold Van Hoose, Man; M. D. Phelps, Jr., Fairmont; Howard T. Phillips, Jr., Wheeling; Francis C. Prunty, Parkersburg; and Michael A. Viggiano, New Martinsville.

Tuberculosis

Archie L. Starkey, Hopemont, Chairman; Oliver H. Brundage; Parkersburg; Hugh S. Edwards, Beckley; Hoffman T. Elliott, Logan; George F. Evans, Clarksburg; Ralph H. Nestmann, Charleston; and James H. Walker, Charleston.

Conservation of Vision and Hearing

Charles M. Polan, Huntington, Chairman; Claude R. Davisson, Weston; Eugene C. Hartman, Parkersburg; Henry C. Hayes, Williamson; Marshall W. Sinclair, Bluefield; John H. Trotter, Morgantown; and Thomas W. Moore, Huntington (Emeritus).

Workmen's Compensation

Francis A. Scott, Huntington, Chairman; Ralph H. Boice, Parkersburg; Arthur C. Chandler, Charleston; Ben I. Golden, Elkins; Robert T. Humphries, Clarksburg; John E. Lutz, Charleston; Paul L. McCuskey, Parkersburg; John O. Rankin, Wheeling; Howard A. Swart, Charleston; and Albert L. Wanner, Wheeling.

SECTIONS

Industrial Medicine and Public Health

Guy R. Post, Parkersburg, President; George F. Fordham, Mullens, Vice President; and William H. Riheldaffer, Charleston, Secretary.

Internal Medicine

A. C. Thompson, Elkins, President; and John E. Lenox, Elkins, Secretary.

Neurology, Neurosurgery and Psychiatry

Hiram W. Davis, Huntington, President; and E. L. Gage, Bluefield, Secretary-Treasurer.

W. Va. Acad. of Ophthalmology and Otolaryngology

William F. Beckner, Huntington, President; Wilbur F. Shirkey, Charleston, President Elect; Frederick C. Reel, Charleston, Vice President; and William K. Marple, Huntington, Secretary-Treasurer

Orthopedic Surgery

H. M. Hills, Jr., Charleston, Chairman; George Miyakawa, Charleston, Vice Chairman; and James A. Heckman, Huntington, Secretary-Treasurer.

West Virginia Association of Pathologists

Herman Fischer, Clarksburg, President; W. G. J. Putschar, Charleston, President Elect; and David F. Bell, Jr., Bluefield, Secretary-Treasurer.

West Virginia Pediatric Society

Marcus E. Farrell, Clarksburg, President; Theresa O. Snaith, Weston, Vice President; and Helen B. Fraser, Charleston, Secretary-Treasurer.

Radiology

R. W. Powell, Fairmont, President; H A. Shaffer, Morgantown, Vice President; and W. Paul Elkin, Charleston, Secretary-Treasurer

Surgery

Wade H. St. Clair, Jr., Bluefield, Chairman; and Ben I. Golden, Elkins, Secretary-Treasurer.

Urology

Charles A Hoffman, Huntington, President; John F. McCuskey, Clarksburg, Vice President; and Richard W. Corbitt, Parkersburg, Secretary-Treasurer.

ASSOCIATIONS AND SOCIETIES

West Virginia Society of Anesthesiologists

John F Morris, Huntington, President; David A. Haught, Huntington, Vice President; and Eldon B. Tucker, Morgantown, Secretary-Treasurer.

West Virginia Diabetes Association

Halvard Wanger, Shepherdstown, President; A. B. Curry Ellison, Charleston, President Elect; Paul P. Warden, Grafton, Vice President, and J. Paul Aliff, Charleston, Secretary-Treasurer.

Scientific Assembly, W. Va. Heart Association

Clark K. Sleeth, Morgantown, President; Upshur Higginbotham, Bluefield, President Elect; Lynwood D. Zinn, Clarksburg, Vice President, James H. Walker, Charleston, Secretary; and Mr. R E Plott, Charleston, Treasurer.

West Virginia Ob. and Gyn. Society

George T. Evans, Fairmont, President; C. Truman Thompson, Morgantown, Vice President; and A. J. Villani, Welch, Secretary-Treasurer

PATIENTS IN FAILURE NEED AN ORGANOMERCURIAL

Limiting dosage to once daily to avoid refractoriness, or omitting alternate days to circumvent gastrointestinal irritation—necessary with some diuretics—results in a seesaw of diuresis with fluid reaccumulation and recurrent strain on the already failing heart.

With the organomercurials, dosage is individualized and administered as needed, to produce sustained, dependable diuresis.

TABLET

NEOHYDRIN®

BRAND OF CHLORMERODRIN (18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA EQUIVALENT TO 10 MG. OF NON-IONIC MERCURY IN EACH TABLET)

a standard for initial control of severe failure

MERCUHYDRIN® SODIUM

BRAND OF MERALLURIDE INJECTION

LAKESIDE

02556

Combined for i

on

resistant

new

METRETON *tablets*

METICORTEN (PREDNISONE) PLUS CHLOR-TRIMETON WITH ASCORBIC ACID

For prompt and effective relief, especially in many resistant allergic disorders, METRET affords the benefits of two established agents with unexcelled anti-inflammatory, ar allergic and antipruritic effectiveness. *supported by essential vitamin C*—for str support and for postulated effect on prolonging steroid action *no better corticostero* —original brand of prednisone...minimal electrolyte effects—METICORTEN *no better an histamine*—unexcelled in potency and freedom from side effects—CHLOR-TRIMET effective against hay fever, pollen asthma, perennial rhinitis, acute and chronic urtica angioneurotic edema, drug reactions, inflammatory and allergic eye disorders, pruri and contact dermatoses.

formula: Each tablet of METRETON provides 2.5 mg. of METICORTEN (prednisone), 2 mg. of CHLOR-TRIME maleate (chlorprophenpyridamine maleate), and 75 mg. ascorbic acid.

supplied: METRETON Tablets, bottles of 30 and 100.

rontal attack

ellergies

new

ETRETON *nasal spray*

'CORTELONE (PREDNISOLONE) PLUS CHLOR-TRIMETON

ckly clears nasal passages • avoids rebound engorgement and
ıpathomimetic side effects • safe even for cardiacs, hyperten-
:s, children, pregnant patients •

position: Contains 2 mg. (0.2%) METICORTELONE acetate (prednisolone ace-
) and 3 mg. (0.3%) of CHLOR-TRIMETON gluconate (chlorprophenpyridamine
onate) in each cc.

aging: 15 cc. plastic "squeeze" bottle, box of 1.

:ETON,* brand of corticoid-antihistamine compound; METICORTEN,* brand of prednisone;
CORTELONE,® brand of prednisolone; CHLOR-TRIMETON,® brand of chlorprophenpyridamine
ırctions. *T.M.

MT-J-576

Schering

KARO®... meets the need for a completely assimilable carbohydrate in infant feeding

Physicians and parents alike appreciate the efficacy, convenience and economy of Karo Syrup. For this double-rich, readily miscible mixture of dextrin, maltose and dextrose is easily digested, well tolerated and completely utilized.

Three generations of use as a milk modifier have shown that even premature babies thrive on Karo...and that its use does not induce flatulence, colic, fermentation or allergy.

Karo permits easy adjustment of formula and transition from liquid to solid food as circumstances demand. It may be used with sweet, acid, evaporated, dried or protein milk. Light or dark Karo each supply equivalent nutritive and digestive values...yielding 60 calories per tablespoonful.

1906 • 50th ANNIVERSARY • 1956
CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York 4, N. Y.

The Original
Alseroxylon

Rauwiloid®

for the
Somatic
AND
the Psychic Phase of

HYPERTENSION

In addition to its gentle anti-hypertensive action, Rauwiloid provides psychic tranquility and overcomes tachycardia. Thus Rauwiloid participates in *both* the somatic and psychic phases of therapy for hypertension. Treatment in *all* types of hypertension may begin with Rauwiloid. 80% of mild labile hypertensives require no additional therapy.

Dosage is definite and easy: two 2 mg. tablets at bedtime.

Riker
LOS ANGELES

a new maximum
in therapeutic
effectiveness

a new maximum
in protection
against
resistance

a new maximum
in safety and
toleration

multi-spectrum
synergistically
strengthened . . .

Sigma

OLEANDOMYCIN TETRACYCLINE

tient
pulation

nycin*

a new certainty

in antibiotic therapy,
particularly for
the 90% of patients
treated at home
and in the office

Superior control of infectious diseases through superior control of the changing microbial population is now available in a new formulation of tetracycline, outstanding broad-spectrum antibiotic, with oleandomycin, Pfizer-discovered new antimicrobial agent which controls resistant strains. The synergistic combination now brings to antibiotic therapy: (1) a new fuller antimicrobial spectrum which includes even "resistant" staphylococci; (2) new superior protection against emergence of *new* resistant strains; (3) new superior safety and tolerance. *TRADEMARK

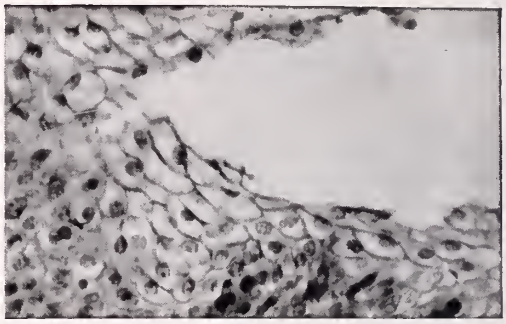
Pfizer

HOW VAGISEC LIQUID

PENETRATES

RECESSES OF VAGINA AND EXPLODES TRICHOMONADS OFTEN MISSED

Photomicrograph of section of epithelium of normal vaginal mucosa, enlarged 750 times, shows uneven surface where trichomonads hide. VAGISEC *penetrates surface and explodes organisms in hard-to-reach areas.*



TOO OFTEN AN ORDINARY trichomonacide fails to cure vaginal trichomoniasis because it has little or no effect on parasites that are not on the surface.[1] Trichomonads burrowed deeply into the roughened mucosa survive and set up new foci of infection. In fact, even a few hidden trichomonads remaining after treatment can cause acute exacerbations. With VAGISEC® liquid and jelly you can overcome this most troublesome problem.

Penetrates thoroughly — This new and unique trichomonacide spreads out and wets the entire vaginal surface. It rapidly dissolves mucinous materials, fats and blood clots.[1] It penetrates the cellular debris that lines the vaginal walls and shields the parasites, reaching trichomonads deep in their hiding places.

Explodes trichomonads — VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.[2] Two surface-acting agents and one chelating agent combine to weaken the cell membrane, to remove the waxes and lipids, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

Proves highly effective — With the Davis technique† you can now rid patients of "trich," even cases that have resisted other treatment. VAGISEC liquid was developed as "Carlendacide," by Dr. Carl Henry Davis, M.D., noted gynecologist and author, and C. G. Grand, research physiologist.[1] Clinical trials by more than 150 physicians show better than 90 per cent success.[3]

Use liquid and jelly — In the Davis technique, VAGISEC liquid is used in office therapy. At the same time, liquid and jelly are prescribed for home use. They are well tolerated, leave no messy discharge or stain.

Office treatment — Expose vagina with speculum and wipe walls dry with cotton balls. Then wash thoroughly with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton balls. Dr. Davis recommends six treatments.

Home treatment—Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching contraindicated in pregnancy.

One course of treatment — "If the treatment has been accomplished as directed," the patient "will have no flagellates provided the infection was limited to the vaginal canal . . . A few women have infected cervical, vestibular or urethral glands and require other types of treatment."[4] Continued douching with VAGISEC liquid two or three times each week for eight to twelve weeks helps prevent re-infection.

Prevents coital re-infection — Infected husbands are ". . . a potential source of re-infection in wives successfully treated."[5] Prescribe for your patients the protection afforded by Schmid high quality prophylactics. Specify the superior RAMSES® rubber prophylactic, transparent, tissue-thin, yet strong. If there is anxiety that rubber might dull sensation, prescribe XXXX (FOUREX)® prophylactic skins, of natural animal membrane, pre-moistened.

Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

References: 1. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954. 2. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955. 3. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Lanceley, F., and McEntegart, M. C.: Lancet 1:668 (Apr. 4) 1953.

JULIUS SCHMID, INC.
gynecological division
423 West 55th Street, New York 19, N. Y.

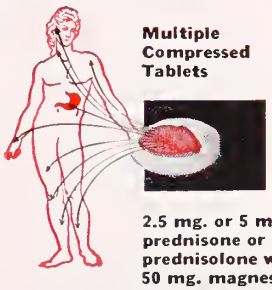
VAGISEC, RAMSES and XXXX (FOUREX) are registered trade-marks of Julius Schmid, Inc.
†Pat. App. for

in bronchial asthma

clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of the "predni-steroids" antacids should be routinely co-administered to minimize gastric distress

ROUTINE CO-ADMINISTRATION MEANS

'Co-Hydeltra'
(Buffered Prednisolone)



Multiple Compressed Tablets

'Co-Deltra'
(Buffered Prednisone)

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* **160**:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* **158**:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* **158**:459, (June 11,) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO. INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

Erythrocin in treating tonsillitis and otitis externa*

2/22/56 DISCHARGE SUMMARY

Patient, white male, age 4, entered the clinic on 2/13/56, with a history of yellow discharge from the right ear, a fever, and sore throat of two days duration.

Temperature orally was 100°, pharynx infected, tonsils inflamed, crusted purulent material seen in right ear canal; tympanic membrane normal. Diagnosis -- tonsillitis and otitis externa.

Culture revealed Staphylococcus aureus, coagulase positive, resistant to penicillin and sensitive to erythromycin.

ERYTHROCIN (erythromycin) was started in doses of 25 mgm/kg -- 400 mgm in 4 equally divided doses.

After 24 hours of therapy, patient was afebrile and comfortable. T = 99.6. Throat slightly infected. Secretions in ear canal were dry and both tympanic membranes were normal.

Culture on 2/15 showed no coagulase positive staphylococci or other pathogens. On 2/22, follow-up exam showed him to be completely asymptomatic and free of unusual physical findings. The drug was stopped at this time.

Final Diagnosis: tonsillitis and otitis externa due to Staphylococcus aureus.

Result: complete clinical bacteriologic cure after 9 days with ERYTHROCIN therapy.

*Communication to Abbott Laboratories

"clinical response good or excellent"

In one recent study, 18 patients with acute follicular tonsillitis and septic sore throat, were given erythromycin. Infecting organism was *Str. pyogenes*. The investigator stated, "*In all 18, the clinical response could be regarded as either good or excellent.*"[1]

This, of course, is only one of many reports showing the effectiveness of ERYTHROCIN against coccic infections. You'll get the same good results (nearly 100% in common, bacterial respiratory infections) when your prescription reads *Filmtab* ERYTHROCIN Stearate.

"toxicity lower in erythromycin-treated patients"

After a study of 208 patients treated with erythromycin (78), procaine penicillin (78) and a placebo (52), the investigator stated: ". . . *the incidence of toxicity* (compared to procaine penicillin) *was significantly lower in the erythromycin-treated patients.*"[1]

Actually, ERYTHROCIN stands on a remarkable record of safety. After four years, there's not a single report of a severe or fatal reaction attributable to erythromycin. Also, allergic reactions rarely occur. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), is available in bottles of 25 and 100, at all pharmacies.

Abbott

® Filmtab—Film sealed tablets, Abbott; pat. applied for.

1. Herrell, W. E., Erythromycin, Antibiotics Monographs, No. 1, p. 29, New York, Medical Encyclopedia, Inc., 1955.
Idem p. 30.

filmtab®

Erythrocin® STEARATE

(Erythromycin Stearate, Abbott)

633243

for the dry unproductive cough . . . .

SYROCOL-PM

. . . especially useful in the *dry, unproductive* cough, SYROCOL-PM helps lessen the frequency and severity of coughs due to colds, coughs accompanying dyspnea and emphysema, and allergic type coughs. Useful too, in allaying inflammatory bronchial coughs as well as those of infectious origin. Possessing a highly palatable cherry flavor and mildly, soothingly, mentholated, SYROCOL-PM's taste appeal insures ready acceptance by children and adults alike.

SYROCOL-PM is an exempt narcotic preparation.

CLINICAL SAMPLES AND LITERATURE ON REQUEST

"WORTHWHILE PRESCRIPTION SPECIALTIES ETHICALLY PROMOTED"

PHYSICIANS PRODUCTS CO. INCORPORATED

PETERSBURG, VIRGINIA

relaxes
both mind
and
muscle

for the average patient in everyday practice

- well suited for prolonged therapy
- well tolerated, nonaddictive, essentially nontoxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: **anxiety and tension states, muscle spasm.**

THE ORIGINAL MEPROBAMATE

Miltown®

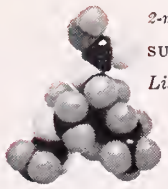
Tranquilizer with muscle-relaxant action

DISCOVERED AND INTRODUCED
BY WALLACE LABORATORIES, *New Brunswick, N.J.*

2-methyl-2-n-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: *400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.*

Literature and Samples Available on Request



THE MILTOWN MOLECULE

CM-3706-R2

NEW

For Pain-Fre

of everyo

In "Rheumatism

Multi

TEMF

combine:

THE PROPER FORMULA
PROPERLY FORMULATED

Physical separation of the steroid component from the aluminum hydroxide as provided by the Multiple Compressed Tablet construction assures full potency and stability of prednisolone.

PREDNISOLONE (1 m

+

ASPIRIN (0.3 Gm.).....

+

ASCORBIC ACID (50

+

ANTACID (0.2 Gm.).....

*Early rheumatoid arthritis
Rheumatoid spondylitis
Osteoarthritis
Still's disease
Psoriatic arthritis
Bursitis
Synovitis
Tenosynovitis
Myositis
Fibrositis
Neuritis

erformance

ivities

atients

mpressed **T***ablets*

OGEN®

..... for anti-inflammatory, anti-rheumatic benefits *at effective low dosage.*

..... for analgesia plus additional anti-rheumatic activity.

..... for anti-stress support that guards against adrenal ascorbic acid depletion.
(Ascorbic Acid present as 60 mg. Sodium Ascorbate.)

..... dried aluminum hydroxide gel minimizes the possibility of gastric distress.

DOSAGE: *1-4 TEMPOGEN Tablets t.i.d. or q.i.d. (TEMPOGEN Forte, 1 or 2 tablets t.i.d. or q.i.d.) for one or two weeks. Then lower by 1 tablet every four or five days to maintenance level.*

SUPPLIED: *TEMPOGEN and TEMPOGEN Forte —in bottles of 100 Multiple Compressed Tablets. (TEMPOGEN Forte provides 2 mg. of prednisolone.)*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

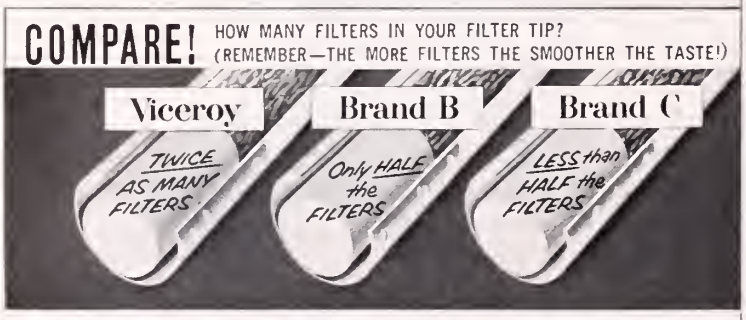
HERE'S WHY SO MANY DOCTORS NOW SMOKE AND RECOMMEND

VICEROY

Twice as Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS

For the Smoothest Taste in Smoking!



VICEROY'S EXCLUSIVE FILTER IS MADE FROM PURE CELLULOSE—SOFT, SNOW-WHITE, NATURAL!

Symptomatic relief...plus!

Achrocidin*

Tetracycline-Antihistamine-Analgesic Compound

ACHROCIDIN is a comprehensive formula for treatment of complications of the common cold, particularly when bacterial sequelae are observed or expected from the patient's history or during widespread infections.

Distressing symptoms of malaise, headache, muscular pain, mucosal and nasal discharge are rapidly relieved.

And potent prophylaxis is offered against other diseases, such as otitis media, sinusitis, adenitis, and bronchitis, to which the patient may be highly vulnerable at this time.

ACHROCIDIN is convenient for you to prescribe—easy for the patient to take. Average adult dose: two tablets four times daily.

Available on prescription only

Each tablet contains:

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottle of 24 tablets

Lederle LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y.

*TRADEMARK

From your patient's viewpoint, Doctor . . .

is <u>this</u> the painful part of the treatment?

It can be, unless your patients know the true facts about the cost of medical care. Parke-Davis is reaching millions of people, in LIFE, SATURDAY EVENING POST and TODAY'S HEALTH, with a consistent advertising campaign whose theme is "prompt and proper medical care can be one of life's biggest bargains."

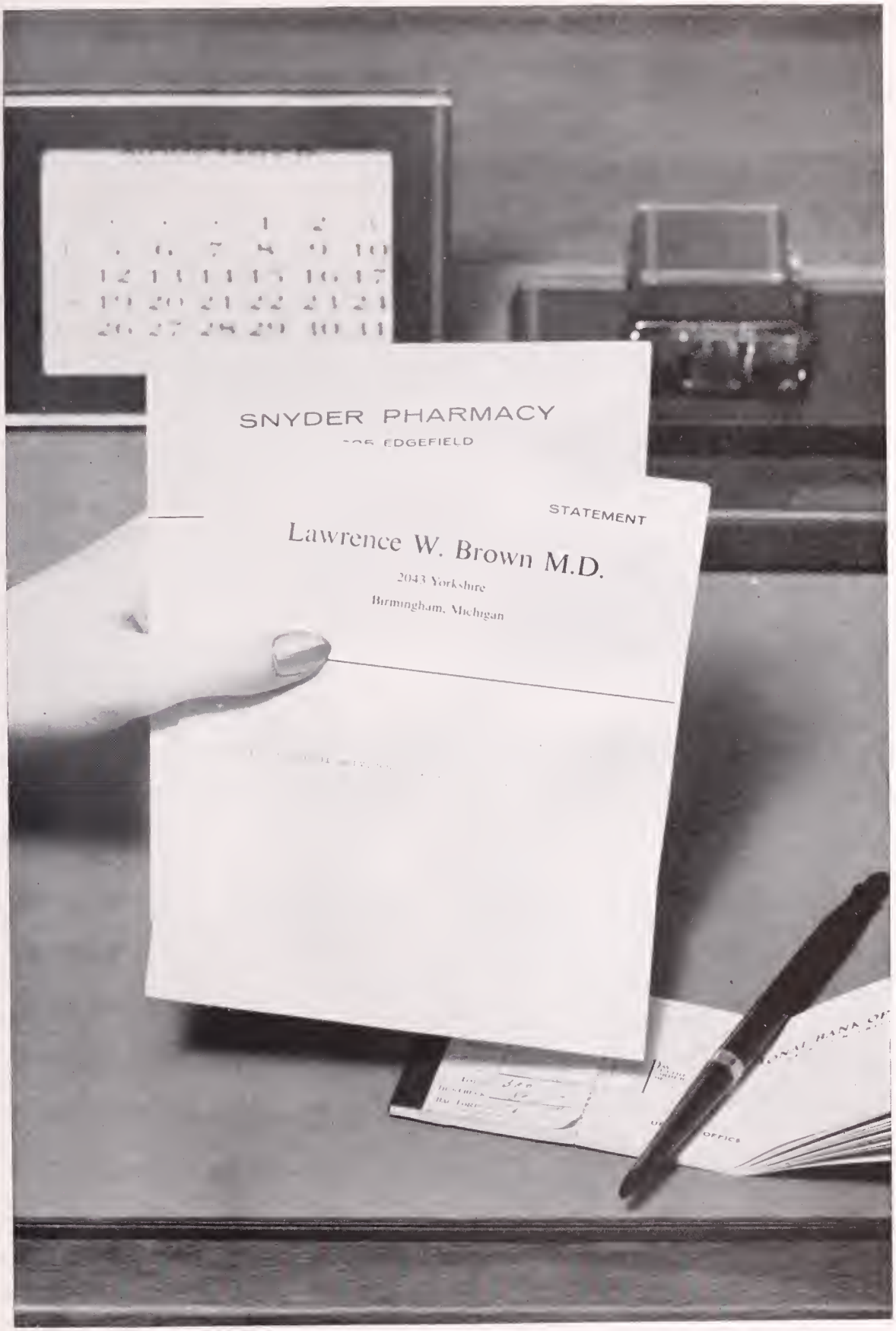
In addition to the magazine advertisements, Parke-Davis makes folder-reprints available for use in pharmacies. Chances are, a large percentage of the prescriptions you write are being packaged with one of these folders explaining the value of modern prescription medicines—reaching your patients right at the time when they are most conscious of the cost. To date, more than six million of these folders have been ordered by pharmacists.

In these advertisements, we strive to present the facts about medical care clearly and unemotionally . . . with the objective of increasing the public's appreciation of why costs and procedures involved are reasonable and fair.

PARKE, DAVIS & COMPANY

Detroit 32, Michigan

If you would like reprints of this Parke-Davis "cost of medical care" series, just drop us a line.


SNYDER PHARMACY
EDGEFIELD
STATEMENT
Lawrence W. Brown M.D.
2043 Yorkshire
Birmingham, Michigan

Trasentine®-Phenobarbital

integrated relief . . .
mild sedation
visceral spasmolysis
mucosal analgesia

C I B A
Summit, N. J.

TABLETS *(yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.*

2/22284

A SALUTE TO OUR DOCTORS

Your recent Clinical Sessions in Seattle illustrate the cooperative exchange of information and experience our doctors are using in their untiring effort to give us better health and a longer life. The increasing knowledge and skill of our medical profession is playing a vital role in helping to make us, as a group, the healthiest nation on earth.

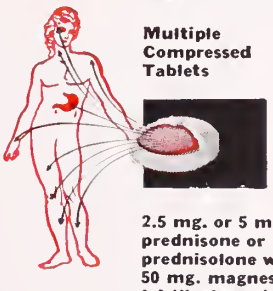
PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Chattanooga

in inflammatory skin diseases

all the benefits of the "predni-steroids"
plus positive antacid action
to minimize gastric distress

ROUTINELY ACHIEVED WITH 'Co-Deltra'
(Buffered Prednisone)



Multiple Compressed Tablets

'Co-Hydeltra'
(Buffered Prednisolone)

2.5 mg. or 5 mg. prednisone or prednisolone with 50 mg. magnesium trisilicate and 300 mg. aluminum hydroxide gel.

Clinical evidence[1,2,3] indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

MSD
MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

'CO-DELTRA' *and* 'CO-HYDELTRA' *are the trademarks of* MERCK & CO., INC.

NEW

ATARAXOID is a unique, new combination of STERANE and ATARAX, which now permits simultaneous symptomatic control and reduction of attendant anxiety and apprehension in rheumatoid arthritis and other indications.

The added tranquilizer control, desirably easing mental stress, also directly assists clinical progress. It minimizes the chance of exacerbation related to emotional strain and facilitates patient confidence and cooperation in the therapeutic program toward maximum rehabilitation.

ATARAXOID exerts the anti-rheumatic, anti-inflammatory activity of STERANE distinctly superior to previous steroids, effective in radically reduced dosage, and with minimal disturbance of electrolyte and fluid metabolism.

The ataractic effect is a central neuro-relaxing action – the result of a marked cerebral specificity – free of mental fogging and devoid of any major complications: no liver, blood or brain damage. This peace-of-mind component is also used in the lowest dosage range.

Supplied: Each green, scored, ATARAXOID oral tablet contains 5 mg. prednisolone (STERANE) and 10 mg. hydroxyzine hydrochloride (ATARAX). Bottles of 30 and 100.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

the first and only ataraxic-corticoid

araxoid*

prednisolone and hydroxyzine

Pfizer

combining the newest, safest tranquilizer, ATARAX® + the newest, most effective steroid, STERANE® (prednisolone)

simultaneously controls the symptoms and the apprehension

In Rheumatoid Arthritis, other collagen diseases, bronchial asthma and inflammatory dermatoses

*Trademark

'LANOXIN' brand DIGOXIN

formerly known as Digoxin 'B. W. & Co.'®

The new name has been adopted
to make easier for everyone
the distinction between
Digoxin and Digitoxin.

Now simply write: 'Lanoxin' Tablets 0.25 mg. or 0.5 mg.
'Lanoxin' Elixir Pediatric, or
'Lanoxin' Injection

to provide the unchanging safety and predictability afforded by the uniform potency, uniform absorption, brief latent period and optimum rate of elimination of this crystalline glycoside.

Tablets: *0.25 mg. (white) and 0.5 mg. (green)*
Elixir Pediatric: *0.05 mg. in each cc.*
Ampuls: *0.5 mg. in 2 cc.*

BURROUGHS WELLCOME & CO. (U.S.A.) INC., *Tuckahoe, New York*

In Colds... *Anywhere... Any time...*

Neo-Synephrine®

hydrochloride

Prompt and Prolonged Decongestion
Sinus Drainage and Aeration

NO IRRITATION • NO SEDATION • NO EXCITATION

✻ **Nasal Solutions** 0.25%, 0.5% and 1%
✻ **Nasal Spray** 0.5%
✻ **Pediatric Nasal Spray** 0.25%,

plastic, unbreakable squeeze bottle leakproof, delivers a fine mist

with Zephiran® chloride 1:5000, antibacterial wetting agent and preservative for greater efficiency

Neo-Synephrine (brand of phenylephrine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.

Winthrop LABORATORIES
NEW YORK 18, N. Y. • WINDSOR, ONT.

"You try to scrub the bathtub with your back aching morning till night!"

"I don't know about bathtubs, but two days ago I couldn't reach a shelf higher than that."

"I thought maybe I slept in a draft. Never had a stiff neck like this before."

"That's nothing. I went around with my arm in a sling for nearly two weeks—had to sleep with a pillow at my back so I wouldn't roll over on it."

"I thought I was getting too old for high heels—low heels didn't help. My leg hurt down to the ankle."

"That's fun I'm on my feet all da but it was my arms t bothered a

... safeguarded relief all the way across th

Prednisone + Acetylsalicylic Acid + Aluminum Hydroxide + Ascorbic Aci

Potent corticosteroid anti-inflammatory action complemented by rap analgesia; doubly protected with antacid and supplemental vitamin

spread of common rheumatic complaints

Summated, protective corticoid-analgesic therapy

SIGMAGEN*

corticoid-analgesic compound tablets

- brings specific, complementary benefits to the treatment of muscle, ligament, tendon, bursa and nerve inflammation
- for the initiation of treatment of milder rheumatic disease
- for continuous or intermittent maintenance in more severe rheumatic involvement

Bottles of 100 and 1000.

Schering

prevents postpartum hemorrhage
speeds uterine involution

'Ergotrate Maleate'

(ERGONOVINE MALEATE, LILLY)

. . . produces rapid and sustained contraction of the postpartum uterus

'Ergotrate Maleate' almost completely eliminates the incidence of postpartum hemorrhage due to uterine atony. Administered during the puerperium, 'Ergotrate Maleate' increases the rate, extent, and regularity of uterine involution; decreases the amount and sanguineous character of the lochia; and decreases puerperal morbidity due to uterine infection.

Supplied:

Ampoules of 0.2 mg. in 1 cc.
Tablets of 0.2 mg.

DOSAGE: Generally, 0.2 to 0.4 mg. I.V. or I.M. immediately following delivery of placenta. Thereafter, 0.2 to 0.4 mg. three or four times daily for two weeks.

80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

659004

FOR POSITIVE DIURESIS

ROLICTON*

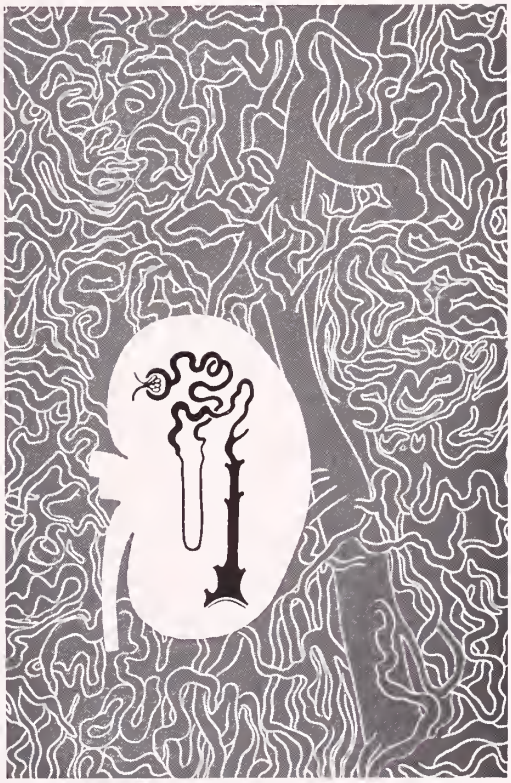
- oral b.i.d. dosage
- continuous control of edema

The new, highly effective oral diuretic, Rolicton, greatly simplifies the task of maintaining an edema-free state in the patient with congestive heart failure. Rolicton meets the criteria for a dependable diuretic: continuous effectiveness, oral administration and clinical safety.

In extensive clinical studies the diuretic response clearly indicates that a majority of patients can be kept edema-free with Rolicton. In these investigations it was noted that side reactions were uncommon. When they did occur they were usually mild.

In most edematous patients Rolicton may be employed as the sole diuretic agent. When used adjunctively in severe cases, Rolicton is also valuable in eliminating the "peaks and valleys" associated with the parenteral administration of mercurial diuretics.

One tablet of Rolicton b.i.d., after meals, is usually adequate for maintenance therapy after the first day's dosage of four tablets. Some patients respond well to one tablet daily. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.



*Trademark of G. D. Searle & Co.

SEARLE

The Month in Washington

• **From the Washington office of the American Medical Association.**

FEDERAL HEALTH and medical spending for all agencies of government this fiscal year is expected to reach a new high peak. The total is placed at $2,558,719,168, an increase of nearly 13 per cent over the last fiscal year, which itself set a new record.

The spending is spread among 21 departments, agencies and commissions concerned in whole or part with health or medicine. They range from an impressive $825,024,300 for the Veterans Administration to a small sum of $12,145 for running the Office of the Attending Physician of Congress.

In between is a broad range of health and medical activities, including money for implementing the many health programs inaugurated by the 84th Congress. The totals are compiled each year by the American Medical Association's Washington Office. The report, the only consolidated Federal medical budget published, is based on actual appropriations by Congress and program data supplied by the federal agencies.

The medical budget total, divided into cost for each man, woman and child in the country, amounts to $15.17 a year, while each family in the U. S. will be paying $54.61 for this spending, based on Census Bureau figures for population, family size and employment.

Compared with last year's spending, the Defense Department has dropped to second place with its spending estimated at $790,105,000, thus giving way to the VA. The Defense Department shift from the top spending spot, despite a $41 million item for the new dependent's medical care program, is due primarily to more effective joint utilization of facilities, fewer personnel assigned to operation and a planned drop in hospital and dispensary construction.

Department of Health, Education, and Welfare spending for the year ending next July 1 amounts to $772,661,800, which puts that agency's total within striking distance of the two top spenders in the health-medical field. Compared with last year's $526,-935,400, HEW spending this year is up a resounding 46 per cent, due in part to more Hill-Burton hospital construction money, record research funds, and permanent and total disability payments.

Miscellaneous

The long-awaited military dependents' medical care program authorized by the last Congress goes into effect December 7. At the height of the program, as many as 800,000 persons not now getting care are expected to be receiving treatment either at military facilities or through private physicians and hospitals. It was launched following a series of negotiations with state medical societies over contracts covering the provision of care outside military hospitals and clinics.

Dr. Leroy E. Burney, PHS surgeon general since last August, has announced a number of shifts in major posts within the service. They include Dr. John Cronin, chief of the Hill-Burton program, to head the important Bureau of Medical Services; Dr. Jack Masur, from this bureau to directorship of the Clinical Center at Bethesda, Md.; Dr. G. Halsey Hunt, associate chief of the bureau, to a new Center for Research on Aging at National Institutes of Health; Dr. Donald W. Patrick from the Clinical Center to PHS hospital at San Francisco; and Dr. Van M. Hoge, from associate chief of the bureau to Hill-Burton.

With the death of Representative Percy Priest of Tennessee and the election of a Democratic House, Representative Oren Harris, Democrat, of Arizona, assumes chairmanship of the important House Interstate and Foreign Commerce Committee. It handles most health legislation in the House. The companion Senate Committee on Labor and Welfare again will be headed by Senator Lister Hill (D., Ala.).

All You Need!

Compact, complete outfit for

WINTROBE SEDIMENTATION TEST

This is a complete kit for Wintrobe hematacrit and sedimentation tests—with Dr. Best's Calculator for rapid and simple correction of Wintrobe Sedimentation rate.

With the kit comes a stainless steel syringe cannula, permitting use of the same syringe for taking of blood sample and for filling the Wintrobe tube.

The Physicians Outfit for the Wintrobe Blood Sedimentation Test provides all the apparatus necessary for performing these tests in a physician's office. Note: the ADAMS Safety-Head Centrifuge (CT-1002) is recommended for use with this test as fulfilling the centrifugal force requirements.

The complete kit contains:

- Best Calculator for Wintrobe Sedimentation Rate Corrected for VPRC (volume of packed red cells)
- Rack for three Wintrobe Tubes
- Wintrobe Hematacrit Tubes (3) with indelible graduations
- Adapters (2) for centrifuge shield to hold Wintrobe Tubes
- Cleaner for Wintrobe Hematacrit Tubes
- Syringe Cannulas (2) for Wintrobe Tubes

Physicians Outfit for the Wintrobe Blood Sedimentation Test, including equipment listed above, complete with directions

each $15.00

KLOMAN INSTRUMENT CO., INC.

1024 Quarrier Street

Charleston 1, West Virginia

PROVEN PAIN CONTROL

with safety

GRADATIONS OF ANALGESIA

'TABLOID' 'EMPIRIN' COMPOUND®
Acetophenetidin gr. 2½, Acetylsalicylic Acid gr. 3½, Caffeine gr. ½

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ⅛, No. 1 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ¼, No. 2 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. ½, No. 3 (N)

'TABLOID' 'EMPIRIN' COMPOUND
with CODEINE PHOSPHATE gr. 1, No. 4 (N)

(N) subject to Federal Narcotic Law

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, N. Y.

Obituaries

JOHN WESLEY GILMORE, M. D.

Dr. John Wesley Gilmore, 72, of Wheeling, died at a hospital in that city on November 7, 1956. He had been ill for several weeks.

Doctor Gilmore was born at Jollytown, Green County, Pennsylvania, June 1, 1884, son of Samuel Wesley and Elizabeth (White) Gilmore. He received his academic education at West Virginia Wesleyan and graduated from Jefferson Medical College of Philadelphia in 1911. He served his internship at the Philadelphia General Hospital, being licensed to practice medicine in West Virginia in 1911, locating in Wheeling for the practice of his specialty of internal medicine.

For several years, he had been county health officer for Ohio County. He was a member of the Ohio County Medical Society, the West Virginia State Medical Association and the American Medical Association, and had served as secretary, treasurer and president of his local society.

He is survived by his widow, the former Jessie Shaffer; two daughters, Mrs. Clare Hoefel of Buffalo, New York, and Mrs. Richard Hartsig of Staunton, Virginia; five sons, Samuel S., of Athens, Ohio; J. Thomas, with the Air Force in Denver, Colorado; Dr. William E., of Parkersburg; Frank E., of Buffalo, New York; and Daniel W., of Mt. Clemens, Michigan; and two sisters, Mrs. Stanley Cox of Morgantown; and Miss Marinda Gilmore at home.

LONZO EDWARD STEELE, M. D.

Dr. Lonzo Edward Steele, 76, of Logan, died in a hospital in that city on November 16, 1956, following a long illness.

Doctor Steele was born at O'Keefe, West Virginia, on June 2, 1880. He received his M. D. degree from the University of Tennessee College of Medicine in 1904 and served his internship at Nashville City Hospital.

He had practiced his specialty of surgery in Logan for over fifty years, and was a member of the staff of Logan General Hospital. He formerly served as physician for the United States Coal and Oil Company, and at one time had an interest in the Guyan Valley Hospital, as well as the Logan General Hospital.

Doctor Steele was an honorary member of the Logan County Medical Society, the West Virginia State Medical Association and the American Medical Association.

Besides his widow, he is survived by his mother, Mrs. Nancy Hatfield Steele of Meador; a sister, Mrs. Scott Browning also of Meador; and a brother, S. E. Steele of Devon.

Today's average executive, according to Metropolitan Life Insurance Company, has about 10% less life expectancy than his employees.—The Management Review.

Dr. G. Halsey Hunt Heads New Center for Aging Research

Dr. G. Halsey Hunt, Associate Chief of the USPHS Bureau of Medical Services, has been appointed director of the new Center for Aging Research in the National Institutes of Health. The appointment was announced by Dr. Leroy E. Burney, Surgeon General of the USPHS.

Doctor Hunt is a member of the board of governors of the American College of Surgeons, and is first vice president of the board of trustees of the Medical Service of the District of Columbia.

The new Center is a part of the Public Health Service's program to coordinate and accelerate all of its activities in the field of aging. In the Office of the Surgeon General, these activities have been placed under the direction of Dr. John W. Porterfield.

The primary objective of the new program is to encourage and support additional research into the mechanisms involved in aging. The program will assist universities and other research institutions in establishing a broad research program which will bring the full range of biological, psychological and social sciences to bear on the problem.

A first activity will be to aid universities, medical schools and other research organizations in establishing comprehensive research centers on aging, to be supported in part by research grants from the National Institutes of Health.

PATENTED WEDGE GIVES SUPPORT TO CENTER LINE OF BODY WEIGHT ★

★ Insole extension and wedge at inner corner of heel where support is most needed.

- The patented arch support construction is guaranteed not to break down.
- Innersoles guaranteed not to crack or collapse.
- Foot-so-Port lasts designed and the shoe construction engineered with orthopedic advice.
- Conductive Shoes for surgical and operating room personnel. N.B.F.U. specifications.
- We are also the manufacturer of the Gear-Action Shoe designed by noted orthopedic surgeon.
- We make more shoes for polio, club feet and disabled feet than any other shoe manufacturer.

Send for free booklet, "The Preservation of the Function of the Foot Balancing and Synchronizing the Shoe with the Foot."

Write for details or contact your local **FOOT-SO-PORT** *Shoe Agency. Refer to your Classified Directory*

Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

PROVEN PAIN CONTROL

with sedation

GRADATIONS OF ANALGESIA with light sedation

'EMPIRAL'®

Phenobarbital	gr. ¼
Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½

'CODEMPIRAL'® No. 2(N)

Codeine Phosphate	gr. ¼
Phenobarbital	gr. ¼
Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½

'CODEMPIRAL'® No. 3(N)

Codeine Phosphate	gr. ½
Phenobarbital	gr. ¼
Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½

(N) subject to Federal Narcotic Law

BURROUGHS WELLCOME & CO. (U. S. A.) INC.
Tuckahoe, N. Y.

For Relief of Coughs Due to Colds

USE

COTHEN EXPECTORANT

(Exempt Narcotic)

Each Fluid ounce contains:
Dihydrocodeinone Bitartrate ..... ⅛ gr.
(Warning: May be habit forming)
Thenylpyramine Fumarate ..... 90 mgms.
Menthol and Flavor ..... q. s.
Alcohol 5%

COMBINES THE ANTIHISTAMINIC EFFECTS OF THENYLPYRAMINE WITH THE ANTI-TUSSIVE AGENT DIHYDROCODEINONE WHICH IN SMALLER DOSES PRODUCES A QUICKER SEDATIVE ACTION THAN CODEINE. DIHYDROCODEINONE DOES NOT INHIBIT EXPECTORATION OR PRODUCE CONSTIPATION TO THE SAME DEGREE AS CODEINE.

Dose: 1 to 2 teaspoonsful (4 cc) to (8 cc) 3 to 4 times a day. For children from 8 to 12 years old, one half above dosage. For children under 8 years old only according to physician's instructions.

●

Supplied in Pints and Gallons.

◆

"28 Years of Service 1928-1956"

◆

THE MEDICAL ARTS SUPPLY COMPANY

706-08-10 Fourth Avenue **Phones: 28341 - 28342**

HUNTINGTON, WEST VIRGINIA

County Societies

CENTRAL WEST VIRGINIA

Dr. Athey R. Lutz of Parkersburg, president of the West Virginia State Medical Association, was the guest speaker at the regular meeting of the Central West Virginia Medical Society, held at the First Methodist Church in Buckhannon, on Thursday evening, October 25.

Doctor Lutz discussed the role of the general practitioner in the present day society. He pointed out how the status of the general practitioner had improved as a result of the formation of the Section on General Practice within the framework of the American Medical Association.

The other speaker on the scientific program was Dr. Walter Schlabach of Philippi, who served as a medical missionary in Ethiopia from 1950 to 1954. His subject was "Experiences in African Missionary Medicine." He showed color slides of his work in the missionary field.

Prior to the dinner meeting, Dr. and Mrs. J. C. Huffman held an open house for the members and their wives. Honor guests were Dr. and Mrs. Athey R. Lutz.

Dr. J. C. Huffman, the president, presided at the meeting and Dr. Robert Chamberlain was the local chairman in charge of arrangements.

Dr. H. Sinclair Tait of Weston was elected president of the Society for 1957. Dr. Earle L. Fisher of Gassaway was named vice president, and Dr. Emma Jane Freeman of Buckhannon, secretary.

Dr. Jack Hunter of Webster Springs was elected to membership in the Society.—Theresa O. Snaith, M. D., secretary.

* * * *

HARRISON

The regular monthly meeting of the Harrison County Medical Society was held at the Stonewall Jackson Hotel in Clarksburg on November 1. The guest speaker was Dr. H. G. McCandless of Cincinnati, Ohio. His subject was "Urology in the Child."

Doctor McCandless is director of the Urologic Outpatient Service and attending urologist of the Cincinnati General Hospital. More than 45 physicians attended the dinner meeting.—Lawrence B. Thrush, M. D., Secretary.

* * * *

MERCER

Judge F. Morton Wagner of Bluefield was the guest speaker at the regular monthly meeting of the Mercer County Medical Society, held at the Bluefield Auditorium Restaurant, October 22.

The speaker gave an informative talk concerning cooperation between the legal and medical professions. He discussed witness fees, conduct of medical witnesses, and other points of mutual interest to lawyers and physicians. He urged that frequent meetings be held by the

members of the Bar Association and the Mercer County Medical Society.

The Society adopted a resolution of respect to the memory of the late John McGuire, who had been a member since 1936.

Dr. N. Allen Dyer of Bluefield was elected a member of the Society.

The president, Dr. J. Paul Champion, presided at the meeting that was attended by 38 members. The guest speaker was introducted by Dr. George E. Snider.—John J. Mahood, M. D., Secretary.

S. E. Surgical Congress Section Meets

The West Virginia Section of the Southeastern Surgical Congress held its annual meeting in Morgantown, November 9-10.

The guest speaker at the Friday evening meeting was Dr. William B. Kiesewetter of Pittsburgh, chief of pediatric services at the Children's Hospital in that city.

The speaker's subject was "Neonatal Surgical Emergencies," and he discussed the surgical emergencies which most commonly arise in the neonatal period.

A tour of the new Medical Center at the West Virginia University School of Medicine was conducted on Saturday morning, and all of the members attended the WVU-VMI football game that afternoon.

Dr. E. Lyle Gage of Bluefield is president of the West Virginia Section of the Congress, and Dr. A. Kyle Bush of Philippi, secretary-treasurer.

THE MYERS CLINIC
Philippi, West Virginia

Radiology:
KARL J. MYERS, M. D

Clinical Pathology:
E. E. MYERS, M. D.

Surgery:
HU C. MYERS, M. D.
A. KYLE BUSH, M. D.

Gynecology and Obstetrics:
RAYMOND W. CRONLUND, M. D.

Internal Medicine:
JOHN E. LENOX, M. D.
J. L. RITTMEYER, M. D.
ERNEST G. GUY, M. D.

Pediatrics:
CORA C. LENOX, M. D.

Anatomic Pathology:
S. D. WU, M. D.

Dentistry:
GLENN B. POLING, D. D. S.

Resident Staff:
M. V. KALAYCIOGLU, M. D., Surgery
WALTER E. SCHLABACH, M. D., Surgery
DONAL C. EDWARDS, M. D., Surgery

...IN URINARY COMPLAINTS
* Sterilizes urine in 1 to 3 days
* Relieves burning in minutes
* Effective in 93-98% of cases

sulfid*
The original Azo-Sulfa Formula* • Antibacterial • Analgesic

LOCALIZED MUCOSAL ANALGESIA
Phenylazo-diamino-pyridine HCl—acts solely on the urogenital mucosa; provides prompt relief from burning, pain and frequency.

LOCALIZED ANTIBACTERIAL ACTIVITY
Sulfacetamide—eliminates mixed infections rapidly because of its unusual solubility in acid urine common to bacterial invasion of the urinary tract. No renal damage, concretions or anuria.

...and when Spasmolysis is essential

sulfid* B-A
Antibacterial • Analgesic • Antispasmodic

—the dual activity of SULFID with the well-known antispasmodic effect of natural belladonna alkaloids.

*Introduced—July, 1954

COLUMBUS PHARMACAL COMPANY COLUMBUS 16, OHIO

the Emblems of RELIABLE PROTECTION

We cordially invite your inquiry for application for membership which affords protection against loss of income from accident and sickness as well as benefits for hospital expenses for you and all your dependents.

ALL PREMIUMS COME FROM

PHYSICIANS SURGEONS DENTISTS

ALL BENEFITS GO TO

$4,500,000 ASSETS
$24,500,000 PAID FOR BENEFITS
SINCE ORGANIZATION

Since 1902

PHYSICIANS CASUALTY AND HEALTH ASSOCIATIONS
OMAHA 2, NEBRASKA

Woman's Auxiliary

to the

WEST VIRGINIA STATE MEDICAL ASSOCIATION

OFFICERS

President: Mrs. J. E. Spargo, Wheeling
President Elect: Mrs. J. C. Huffman, Buckhannon
First Vice President: Mrs. Julian R. Lewin, Beckley
Second Vice President: Mrs. Charles L. Leonard, Elkins
Third Vice President: Mrs. George T. Evans, Fairmont
Fourth Vice President: Mrs. Wm. A. Thornhill, Jr., Charleston
Treasurer: Mrs. R. R. Pittman, Marlinton
Recording Secretary: Mrs. C. Stafford Clay, Huntington
Corresponding Secretary: Mrs. Chesterfield J. Holley, Bridgeport, Ohio
Parliamentarian: Mrs. Charles L. Goodhand, Parkersburg

FALL MEETING OF EXECUTIVE BOARD

The 1956 Fall Conference and Executive Board Meeting of the Woman's Auxiliary to the West Virginia State Medical Association was held in Wheeling, October 23-24. Mrs. J. E. Spargo of that city, president of the State Auxiliary, presided at the sessions held during the two-day period.

On Tuesday evening, October 23, the state officers and board members from Ohio County were hostesses at a social hour, which preceded a "Dutch Treat" dinner at the McLure Hotel.

Twenty-nine state officers, state committee chairmen, county presidents and presidents elect attended the conference, which was formally opened on Wednesday, October 24, at the Wheeling Country Club. Reports were given by all officers and chairmen pres-

organomercurial diuretics "...permit ingestion of enough salt to make food palatable; without them, many patients would lose their appetites, a consequence of the salt-free diet which has occasionally been known to cause serious malnutrition."*

*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

0315G

ent, and the representatives of county auxiliaries were given time to discuss their various problems.

Those attending the conference joined the Woman's Auxiliary to the Ohio County Medical Society for lunch. Mrs. Perry Gresham, a guest speaker, gave a most interesting talk about, "First Ladies."

Mr. Charles Lively, executive secretary of the West Virginia State Medical Association, another guest speaker made us aware of the several current health bills, when he discussed "Congress and the Legislature."

At the business meeting following the luncheon, the following nominating committee was named for 1957: Mrs. Charles N. Slater, Clarksburg; Mrs. Paul P. Warden, Grafton; Mrs. Harry E. Beard, Huntington; Mrs. George P. Evans, Fairmont; and Mrs. R. R. Pittman, Marlinton.

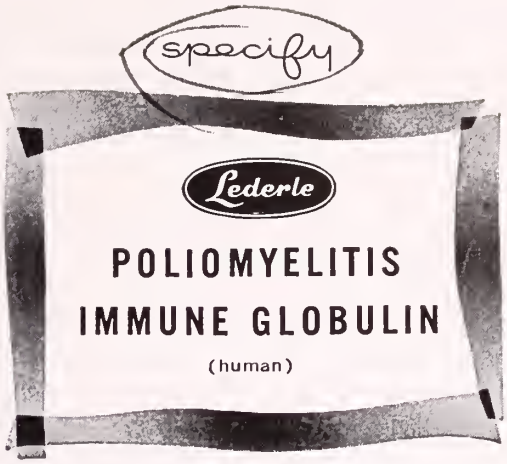
Mrs. W. Paul Elkin, of Charleston, and Mrs. Francis J. Gaydosh, of Wheeling, were named as alternates.

Three recommendations presented at the Conference were passed at the meeting of the Executive Board, as follows:

1. To accept the changes in achievements which will serve as a guide to county presidents, as set up by the Credits and Awards Committee;

2. To include the history of the State Auxiliary in the Annual Reports Manual; and

3. To study the possibilities of the establishment of a state scholarship loan fund for student nurses, which



For the modification of measles and the prevention or attenuation of infectious hepatitis and poliomyelitis.

LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY Pearl River, New York

ANNUAL CLINICAL CONFERENCE CHICAGO MEDICAL SOCIETY

MARCH 5, 6, 7 and 8, 1957
PALMER HOUSE, CHICAGO

DAILY HALF-HOUR LECTURES BY OUTSTANDING TEACHERS AND SPEAKERS on subjects of interest to both general practitioner and specialist.

PANELS ON TIMELY TOPICS.

DAILY TEACHING DEMONSTRATIONS.

MEDICAL COLOR TELECASTS.

SCIENTIFIC EXHIBITS worthy of real study and helpful and time-saving TECHNICAL EXHIBITS.

The CHICAGO MEDICAL SOCIETY ANNUAL CLINICAL CONFERENCE should be a MUST on the calendar of every physician. Plan now to attend and make your reservation at the Palmer House.

would be supported by all counties, but which would be available only to counties which do not have and are not able to sponsor a scholarship or scholarship loan fund.—Mrs. Francis J. Gaydosh, State Chairman, Press and Publicity.

* * * *

CABELL

Dr. Walter E. Vest of Huntington was the speaker at the regular monthly luncheon meeting of the Woman's Auxiliary to the Cabell County Medical Society which was held at the Hotel Frederick on October 9.

He complimented the Auxiliary for its highly effective work and for its cooperation in furthering the program of the Auxiliary on the state level. He also outlined the many ways in which the Auxiliary can help to promote the activities of the State Medical Association.

The monthly luncheon meeting of the Woman's Auxiliary to the Cabell County Medical Society was held at the Hotel Frederick on November 13.

Father James T. Tierney was the guest speaker and he gave an interesting talk on the Catholic Church. He explained many of the terms used in the church and also showed several of the many robes worn by the priests.

Mr. Kenneth Harbison, a well-known baritone from Huntington, also presented a musical program at the meeting. Mrs. Kirk J. David was chairman of arrangements.—Mrs. L. C. Richmond, Jr., Correspondent.

BARBOUR-RANDOLPH-TUCKER

Mrs. James E. Spargo of Wheeling, President of the Auxiliary to the West Virginia State Medical Association, was the honor guest at the meeting of the Woman's Auxiliary to the Barbour-Randolph-Tucker Medical Society, held at the Fellowship Hall in Philippi, October 18.

All of the members of the Auxiliary present were guests of the Society at dinner, and the formal meeting was held afterwards at the home of Dr. and Mrs. Hu C. Myers.

Mrs. Spargo presented an excellent paper, emphasizing current objectives of the Auxiliary—Mrs. Franklin B. Murphy, Correspondent.

* * * *

CENTRAL WEST VIRGINIA

The regular meeting of the Woman's Auxiliary to the Central West Virginia Medical Society was held at the First Methodist Church in Buckhannon on Thursday evening, October 25. The Auxiliary meeting was held conjointly with that of the Central West Virginia Medical Society.

The members of the Auxiliary and their husbands were guests at an open house held at the home of Dr. and Mrs. J. C. Huffman prior to the meeting. Honor guests were Dr. and Mrs. Athey R. Lutz of Parkersburg. Doctor Lutz is president of the West Virginia State Medical Association.

Doctor Lutz was the speaker at the dinner meeting and he discussed the role of the general practitioner in

Marmet Hospital, Inc.

A NON-PROFIT ORGANIZATION

Licensed Orthopedic Hospital for the treatment of all types of crippling conditions. Polio accepted in all stages.

Orthopedic Surgeons
George Miyakawa, M. D., Pres. Staff
Rondolph L. Anderson, M. D.
George R. Collender, M. D.
Howard A. Swart, M. D.
H. M. Hills, Jr., M. D.
Arthur A. Abplanalp, M. D.
Roentgenologist
Joel Allen, M. D.
Ophtholmology
Ralph S. McLaughlin, M. D.
Endoscopy and Chest Surgery
Haven M. Perkins, M. D.
Generol Surgeon
Victor S. Skaff, M. D.

Plastic Surgeon
Clyde L. Litton, M. D.
Pediatrician
Mary V. Gallogher, M. D.
Medical House Physician
Arthur K. Lampton, M. D.
Medicine
Curry Ellison, M. D.
Willard Pushkin, M. D.
Endoscopy and Otolaryngology
James T. Spencer, M. D.
Pothology
Walter G. J. Putschar
Administrotor
Mr. Wm. D. Entley

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FACILITIES

OUT-PATIENT CLINIC
First, Second and Third Tuesday
Of Each Month
1 P. M. - 4 P. M.

SPEECH-CORRECTION CLINIC
Eoch Tuesday
3 P. M. - 4 P. M.

Approved Laboratory

Marmet, West Virginia ***Telephone WI 9-4842***

the present day society. He attributed the increased status of the general practitioner, in part, to the formation of the Section on General Practice within the framework of the American Medical Association.

The speaker on the scientific program was Dr. Walter Schlabach of Philippi, whose subject was "Experiences in African Missionary Medicine." The speaker also showed color slides to illustrate his work as a medical missionary in Ethiopia from 1950 to 1954.

Mrs. A. A. Milburn, the president, presided at the business meeting which was held following the scientific session. Mrs. J. C. Huffman, the president elect of the State Auxiliary, presented a report on legislation. She also read a letter from Mrs. Robert Flanders, president of the Woman's Auxiliary to the American Medical Association, which reviewed the program of the Woman's Auxiliary for the coming year.

Mrs. Charles T. Lively of Weston, a new member of the Auxiliary, was introduced at the meeting.—Mrs. Elden H. Pertz, Correspondent.

* * * *

HANCOCK

The Woman's Auxiliary to the Hancock County Medical Society met at the Williams Country Club in Weirton, on October 16. Mrs. Eli. J. Weller served as the hostess.

Honor guest at the meeting was Mrs. George H. Brown. She and Doctor Brown will move to Shaker Heights, Ohio on January 1. Mrs. Brown, a past president of the Auxiliary, was presented with a silver tray.

Mrs. George Naymick, the president, presided at the business session. She reported that additional medical journals have been purchased for the medical library at the Weirton General Hospital. The president appointed Mrs. Leonard E. Yurko to serve as chairman of the library committee.

Mesdames Myer Bogarad, George Brown and T. R. Whitaker were named members of a committee to prepare a revised constitution and by-laws for the Auxiliary.—Mrs. E. M. Clubb, Jr., Correspondent.

* * * *

McDOWELL

The Woman's Auxiliary to the McDowell County Medical Society held a luncheon meeting at the home of Mrs. Ray E. Burger in Welch on October 17. The guest speaker was Mrs. James E. Spargo of Wheeling, president of the Woman's Auxiliary to the West Virginia State Medical Association.

Mrs. Spargo outlined the state program for the Woman's Auxiliary for the coming year. She was introduced by Mrs. Kenneth N. Byrne, the president, who presided at the meeting.

Several committee chairmen made reports at the business session. Mrs. W. R. Counts, the treasurer, reported a balance of $85.26 in the Jane Todd Foundation The Auxiliary voted to donate $30 to the United Appeal Fund.

A letter from Dr. E. J. Van Liere, Dean, West Virginia University School of Medicine, was read, in

Relax the best way
... pause for Coke

continuous quality
is quality you trust

DRINK
Coca-Cola
REG. U.S. PAT. OFF.

which he thanked the Auxiliary for its contribution to the building fund of the new Medical Center.

In other business transacted, Mrs. G. Irvin was elected sponsor for the Welch Future Nurse's Club. Mrs. A. J. Villani reported a total of $747 in the Loan Scholarship Fund. Year Books for the coming year also were distributed at the meeting, which was attended by 20 members.—Mrs. C. W. Fey, Correspondent.

* * * *

MINGO

A luncheon meeting of the Woman's Auxiliary to the Mingo County Medical Society was held at the Mountaineer Hotel in Williamson, on October 25. Mrs. J. Hunter Smith, the president, presided at the business session.

Mrs. Smith appointed a three-member committee to arrange a party for the Future Nurses Club of Williamson High School. The chairman of the various Auxiliary committees presented reports and the new Year Books were distributed.

The meeting was attended by twelve members.—Mrs. J. E. Johnson, Correspondent.

* * * *

RALEIGH

Mrs. James E. Spargo of Wheeling, president of the Woman's Auxiliary to the West Virginia State Medical Association, was the guest speaker at a luncheon meeting of the Woman's Auxiliary to the Raleigh County Medical Society, which was held on October 8 at the Glass House in Beckley.

Mrs. Spargo discussed the American Medical Education Fund and thanked the members of the Raleigh Auxiliary for their donations. Mrs. Spargo also discussed the various responsibilities that fall on the shoulders of each individual member of the Auxiliary.

Mrs. W. Fred Richmond of Beckley, the president, presided at the business session.—Mrs. George A. Miller, Correspondent.

ON THE JOB

WHEN IT COUNTS

1957 RED CROSS CAMPAIGN

POWERFUL ANALGESIA

no habituation

DESOMIDE

DESOMIDE tablets relieve *severe pain* month after month without danger of narcotic addiction. Relief is almost immediate and is sustained about 7 hours.
Potent non-narcotic analgetic Dipyrone works synergistically with pain-alleviating Salicylamide and mood elevating dl-Desoxyephedrine Hcl. In many cases you can substitute DESOMIDE for morphine, codeine, and other habit-forming narcotics and barbiturates.

Desomide samples and literature on request.

Indications: arthritis, neuritis, musculoskeletal pain, biliary and renal colic, gout, bursitis, inflammation, childbirth, childbirth afterpains, and other painful symptoms.

Desomide Mallard: white round, divided tablet containing Dipyrone 100 mgs., Salicylamide 100 mgs., dl Desoxyephedrine Hcl 1.5 mgs.
AVAILABLE: Bottles, 100, 1000.

There's always a Leader

MALLARD, INC.

3021 WABASH, DETROIT 16, MICHIGAN

Science Fair Winners To Exhibit At AMA Annual Meeting

The American Medical Association has announced that the two high school students winning top AMA awards at the National Science Fair next spring will be invited to participate as guest exhibitors at the AMA's annual meeting in New York City, June 3-7.

Dr. Alphonse McMahon, chairman of the Council on Scientific Assembly, will serve as chairman of the AMA judging committee at the National Science Fair which will be held in Los Angeles, May 9-11. The AMA awards, two "firsts" and two "honorable mentions," are in addition to those awarded by the officials, and are presented by the AMA for the best exhibits in the basic medical sciences as an encouragement to scientifically-talented students to enter the study of medicine.

The students who enter the finals at Los Angeles will be chosen from some 250,000 students who are now building exhibits for the 1957 preliminary fairs sponsored by community groups interested in the development of young scientists.

The National Science Fair has increased in size from 13 supporting regional fairs in 1950 to the 170 fairs expected to send finalists this spring. A considerable part of this growth is due to stepped-up activity by medical societies in sponsoring or aiding local fairs. The AMA House of Delegates adopted a resolution at the 1956 annual meeting in Chicago in which it urged even greater support of science fairs by medical societies.

Information on organizing and operating a local high school science fair is available from Science Clubs of America, 1719 N. Street, N. W., Washington, D. C.

MLB Licenses 18 Physicians At October Meeting

At the fall meeting of the Medical Licensing Board held October 8 at the New State Office Building in Charleston, the following 18 doctors were licensed to practice medicine in West Virginia by reciprocity with other states:

Adam, Alberto, Charleston
Bare, Norton Henry, St. Marys
Brandon, Russel Reisman, Huntington
Byrne, Richard Row, Shinnston
Corrill, Edgar Martin, Beckley
Eye, Harry Luke, New London, Conn.
Glover, Odis Greer, Welch
Harrison, Richard L., Gary
Jones, Charles Alexander, Williamson
Kessel, Ray Miller, Logan
Kramer, John Willis, Shinnston
Lyons, Robert Cromwell, Parkersburg
Payne, Howard Marshall, Washington, D. C.
Reiber, Clifford Duane, Beckley
Schnurer, Charles Irwin, Beckley
Vecchio, Thomas James, Williamson
Vermeeren, Jacques Arnold, Beckley
Zuspan, Frederick Paul, McDowell, Kentucky.

The winter meeting of the Board will be held at the New State Office Building in Charleston, January 7-9, 1957.

THRIFT LOAN & FINANCE CORPORATION
Hawley Building
Wheeling, West Virginia

Offers to the Public

6% $100.00 debentures — total issue $50,000.00
6% $ 50.00 debentures — total issue $50,000.00

This Corporation is engaged primarily in the small loan business, which loans are repayable in equal monthly installments ranging between one and twenty months. It conducts a small loan business with three small loan licenses having been obtained from the West Virginia Department of Banking for locations in Ripley, Ravenswood and Paden City. Active offices are maintained in Ripley and Ravenswood.

The offering is made solely through the Offering Circular which may be obtained, without obligation on your part, either by telephoning the Wheeling office, CEdar 2-0830, or by detaching the following and mailing it.

- -

Thrift Loan & Finance Corporation
Hawley Building
Wheeling, West Virginia

Please send me a copy of the offering circular relating to the debenture issue of Thrift & Loan Finance Corporation.

Name _____

Address _____

NEW

For Pain-Free

of everyda

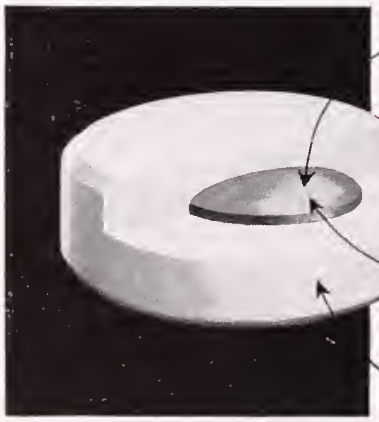
In "Rheumatism"

M*ultipl*

TEMP

combine:

THE PROPER FORMULA
PROPERLY FORMULATED



Physical separation of the steroid component from the aluminum hydroxide as provided by the Multiple Compressed Tablet construction assures full potency and stability of prednisolone.

PREDNISOLONE *(1 mg.*

+

ASPIRIN *(0.3 Gm.)* .....

+

ASCORBIC ACID *(50 m.*

+

ANTACID *(0.2 Gm.)* .....

* Early rheumatoid arthritis
Rheumatoid spondylitis
Osteoarthritis
Still's disease
Psoriatic arthritis
Bursitis
Synovitis
Tenosynovitis
Myositis
Fibrositis
Neuritis

'erformance

:tivities

'atients

:ompressed **T***ablets*

OGEN®

..... for anti-inflammatory, anti-rheumatic benefits *at effective low dosage.*

..... for analgesia plus additional anti-rheumatic activity.

..... for anti-stress support that guards against adrenal ascorbic acid depletion.
(Ascorbic Acid present as 60 mg. Sodium Ascorbate.)

..... dried aluminum hydroxide gel minimizes the possibility of gastric distress.

DOSAGE: *1-4 TEMPOGEN Tablets t.i.d. or q.i.d. (TEMPOGEN Forte, 1 or 2 tablets t.i.d. or q.i.d.) for one or two weeks. Then lower by 1 tablet every four or five days to maintenance level.*

SUPPLIED: *TEMPOGEN and TEMPOGEN Forte —in bottles of 100 Multiple Compressed Tablets. (TEMPOGEN Forte provides 2 mg. of prednisolone.)*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

Season's Greetings to Our Advertisers

We pause to extend season's greetings and sincere thanks to all of our advertisers for helping to make 1956 a banner year in the 50-year history of The West Virginia Medical Journal.

Many substantial changes have been made in the format and overall appearance of the Journal during the past year. From the changes in type styles to the increased number of illustrations, we have attempted to make each succeeding Journal more pleasing to the eye.

We feel the Journal would be of little value to our readers without the interesting and educational material which is presented in the form of beautifully prepared advertisements that appear in each issue.

We are grateful to our advertisers and their agents and representatives for continued support, and again extend our very best wishes for a Merry Christmas and a Happy and Prosperous New Year.

The West Virginia Medical Journal

Charleston, West Virginia
November 21, 1956

1956 ADVERTISERS

Abbott
Americon Heolth Insurance Corp.
Americon Meot Institute
Ames Company, Inc.
Ayerst Labaratories
Bayer Campany
George A. Breon & Co.
Brooddus Hospital
Burroughs Wellcome
Chorleston Engroving Company
Chorleston Generol Haspitol
Chicaga Medicol Society
Ciba Company
Cincinnoti Sanitorium
Coca-Colo Co.
Columbus Pharmacol Company
Carn Praducts
Doniel Boone Hotel
Feick Brothers Co.
Foot-Sa-Port Shoe Co.
Geigy Phormaceuticals
General Electric X-Ray Corp.
Harding Sonitorium
Keeley Institute
Kloman Instrument Co., Inc.
Knax Gelotine Co.
Lakeside Lobaratories
Lederle Labaratories
Lilly, Eli & Company
Mallard, Inc.
Marmet Hospital
McMillen Sanitarium
Mead Johnson & Co.
Medicol Arts Supply Co.
Merck Sharp & Dohme
Morris Memoriol Hospital
Myers Clinic
Notional Drug Company
Parke, Davis & Company
Potton Adjustment, Inc.
Pfizer Laborotories, Div. of Chorles Pfizer & Co., Inc.
Physicions Cosualty Assaciation
Physicions & Dentists Business Bureau
Physicians Products Company
Picker X-Roy Corp.
Piedmont Auto & Truck Rentol, Inc.
Provident Life & Accident Insurance Campony
Riker Loboratories
Robins, A. H. Co., Inc.
St. Albans Sonotorium
Schering
Schmid, Julius, Inc.
Searle, G. D. & Company
Smith, Kline & French Laborotories
Squibb, E. R. & Sons, Div. of Mothieson Chemicol Corp.
Thrift Laan & Finance Co.
Troining School ot Vineland
Upjohn
Viceroy Cigarettes
Wollace Loboratories
Westbraak Sonotorium
W. Va. Bakers' Assn.
Wheeling Clinic
White Cross Hospitol
Winthrop Loborotories, Inc.
Wocher's
Wyeth, Inc.

Book Reviews

DISEASES OF THE HEART—By Charles K. Friedberg, M. D., Attending Physician, The Mount Sinai Hospital, New York; Associate Clinical Professor of Medicine, College of Physicians and Surgeons, Columbia University. Pp. 1161 with 157 figures. Second Edition. Philadelphia and London: W. B. Saunders Company. 1956. Price $18.00.

In the preface to the first edition, it was stated that Doctor Friedberg's avowed purpose was "to provide a comprehensive and integrated exposition of the diseases of the heart." In this, the second edition, the author, continuing to follow this plan, presents a timely, authoritative, reference work. For the most part, this is a book for the more advanced student of cardiology.

Throughout the book Doctor Friedberg stresses the pathologic physiology of each disease entity. He presents a thorough discussion of the basic pathological lesions, the clinical features, diagnostic criteria, differential diagnosis and treatment. An example of the painstaking comprehension of this work are the ten pages devoted to the etiological factors of rheumatic fever. Here the various theories are presented and discussed.

The author has added a new section in this edition, "Graphic Methods of Cardiac Examination." He attempts to provide an elementary introduction to these modalities which is rather out of place in a book of this nature. Except for this elementary introduction, the diagnostic procedures are discussed under each topic where they are of practical value.

Doctor Friedberg has endeavored to present without bias the various viewpoints on controversial subjects. He then gives his conclusions and reasoning. For instance, in evaluating surgical revascularization of the heart, he first discusses briefly various surgical procedures and the results claimed by the proponents of each such procedure. He then offers a critical appraisal of each as well as the criteria that he used in recommending them to his patients.

Your Reviewer's principal criticism of the book is the paucity of illustrative material (157 illustrations, including X-rays and EKG's in a work of 1161 pages). There are practically no gross pathological or microscopic photographs, diagrams or tables.

While the book can be a valuable addition to the library of the internist or the general practitioner, I would not recommend it as a textbook on heart disease, but rather a comprehensive reference for diseases of the heart.—John B. Harley, M. D.

* * * *

CARE OF THE LONG-TERM PATIENT — Commission on Chronic Illness, being Volume II, Chronic Illness in the United States. Pp. 606. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts. 1956. Price $8.50.

CARE OF THE LONG-TERM PATIENT is Volume II of a series of four books on Chronic Illness in the United States. This series of reports is based on the work of

Morris Memorial Hospital

and

Rehabilitation Center

MILTON, WEST VIRGINIA PHONE: 9801

ATTENDING ORTHOPEDIC STAFF:
A. A. Abplanalp, M. D.
R. L. Anderson, M. D.
George R. Callender, Jr., M. D.
J. Marshall Carter, M. D.
James A. Heckman, M. D.
H. M. Hills, M. D.
W. B. MacCracken, M. D.
George Miyakawa, M. D.
Harold B. Sunday, M. D.
Howard A. Swart, M. D.

HONORARY ORTHOPEDIC STAFF:
Harold H. Kuhn, M. D.
Francis A. Scott, M. D.

PEDIATRICIAN:
Marie Thomas, M. D.

ROENTGENOLOGIST:
E. W. Squire, M. D.

PATHOLOGIST:
Walter Putschar, M. D.

REHABILITATION CENTER MEDICAL DIRECTOR:
Harlan A. Stiles, M. D.

Complete Orthopedic Services
Comprehensive Rehabilitation Center Services

Laboratory
Occupational Therapy
Orthopedic Appliance Workshop
Physical Therapy
Psychological Services
Rehabilitation Nursing
Social Casework
Special Education
Surgery
X-Ray

FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

the Commission on Chronic Illness, the national voluntary group which, from 1949 to 1956 studied chronic disease in the United States. Volume I deals with "Prevention of Chronic Illness;" Volume III, "Chronic Illness in a Rural Area;" and Volume IV, "Chronic Illness in a Large City."

In this second volume of the series an attempt is made to identify the known requirements of the long-term patient, to examine the existing methods of providing care, and to explore new methods and enunciate new principles which should govern needed changes.

This report will be of interest to physicians, hospital administrators, welfare workers, legislators, and others responsible for the care of the chronically ill. The magnitude of the problem is brought into clear focus, including numbers, and financial loss to the individual and the community.

The importance of providing the individual patient with proper care at the proper time is explained. It is through this avenue that prevention can be accomplished. The ultimate goal for such a program is rehabilitation of the individual to the highest level, be that reemployment or merely self care.

The need for and the difficulty in recruitment of trained personnel is discussed in detail.

The following are among several specific observations made and suggestions offered:

(1) Integrating the general hospital into the chronic illness program; (2) The basic approach to chronic disease must be preventive; (3) Rehabilitation is an innate element of adequate care; (4) Psychic aspects of chronic disease must be met; (5) More realistic financing of the programs must be sought; and, (6) The role of the nursing home can be improved and integrated into the overall community program for the chronically ill.

This book should be in the hands of all those responsible for legislation or private programs dealing with the problem of the care of the long-term patient. One important aspect that is brought out is that an integrated approach must be made by the national government, state government, the local community, insurance companies, labor unions, fraternal and religious orders, and the private individual.—John B. Harley, M. D.

* * * *

Books Received

CLINICAL EXAMINATIONS IN NEUROLOGY—By Members of the Sections of Neurology and Section of Physiology, Mayo Clinic and Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota, Rochester, Minnesota. Pp. 370, with 76 figures. Philadelphia and London: W. B. Saunders Company. 1956. Price $7.50.

* * *

PRINCIPLES OF CLINICAL ELECTROCARDIOGRAPHY—By Mervin J. Goldman, M. D., Assistant Chief of the Medical Service and Cardiologist, Oakland Veterans Administration Hospital, Oakland, California, and Assistant Clinical Professor of Medicine, University of California School of Medicine, San Francisco. Pp 310, with numerous illustrations and figures. Lange Medical Publications, Los Altos, California. 1956. Price $4.50.

Westbrook Sanatorium

RICHMOND · · · Established 1911 · · · VIRGINIA

A private psychiatric hospital employing modern diagnostic and treatment procedures—electro shock, insulin, psychotherapy, occupational and recreational therapy—for nervous and mental disorders and problems of addiction.

Staff PAUL V. ANDERSON, M.D., *President*
REX BLANKINSHIP, M.D., *Medical Director*
JOHN R. SAUNDERS, M.D., *Assistant Medical Director*
THOMAS F. COATES, M.D., *Associate*
JAMES K. HALL, JR., M.D., *Associate*
CHARLES A. PEACHEE, JR., M.S., *Clinical Psychologist*

R. H. CRYTZER, *Administrator*

Brochure of Literature and Views Sent On Request - P. O. Box 1514 - Phone 5-3245

The Most Likely To Succeed

In collecting your accounts the way you want them collected . . .

Is Your area bureau member of The National Association of Medical-Dental Bureaus.

Charleston:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
324 Medical Arts Building
Harry Winstan, Manager
Phone 6-0781

Huntington:
PHYSICIANS AND DENTISTS BUSINESS BUREAU
731 5th Avenue
Harold Herbert, Manager
Phone 3-0189

OTHER SERVICES: BILLING, AUDITING, TAX RETURNS

One of the Five Patient Units

HARDING SANITARIUM

WORTHINGTON, OHIO

FOR NERVOUS AND MENTAL DISORDERS

Harrison S. Evans, M. D., Medical Director
George T. Harding, M. D., President of Board
L. Harold Caviness, M. D., Clinical Director
Charles W. Harding, M. D.

TELEPHONE: Columbus TUxedo 5-5381

Three-Year Graduate Fellowships In Industrial Medicine

The Institute of Industrial Health of the University of Cincinnati is offering graduate fellowships in industrial medicine. The Institute, which is within the College of Medicine, provides professional training for graduates of approved medical schools who have completed at least one year of internship.

The three-year course of instruction, leading to the degree of Doctor of Science in Industrial Medicine, satisfies the requirements for certification in Occupational Medicine by the American Board of Preventive Medicine. Two years are devoted to intensive academic and clinical study in the field of industrial medicine. A final year is spent in residency in an industrial medical department or in some comparable organization.

Stipends for the first two years vary from $3,000 to $4,000 depending on marital status. In the final or residency year a fellow is compensated by the organization in which he is completing his training.

A one-year course is also offered to qualified applicants with a possibility of a Master of Science degree.

Full information may be obtained by writing to the Secretary, Institute of Industrial Health, College of

THE KEELEY INSTITUTE
447 W. Washington St.
GREENSBORO,
NORTH CAROLINA

Out-Patient Clinic
And Hospital For Rehabilitation Of
The ALCOHOLIC

A. F. Fortune, MD: Medical Director
Ben F. Fortune, MD: Associate Medical Director
R. H. Devenmuehle, MD: Consultant in Psychiatry

In-patients are accepted in state of acute alcoholism. No waiting period required.

Registered by American Medical Association

Approved 3 yr. Surgical Residency

106 beds

Cobalt-60 Teletherapy

BROADDUS HOSPITAL

On the campus of Alderson-Broaddus College Overlooking Philippi, West Virginia

• • • •

Diagnostic and therapeutic facilities at the disposal of all qualified physicians

• • • •

Mary R. Chaffey, R.N., A.B., Director of Nursing Service

W. Obed Poling, M.S.H.A., Administrator

ALDERSON-BROADDUS COLLEGE SCHOOL OF NURSING

Grace Niehuis, R.N., M A
Director, School of Nursing

Richard E. Shearer, D.D., President

George E. Riday, M.Ed., Dean

COLLEGIATE NURSING PROGRAM OFFERING A BACHELOR OF SCIENCE DEGREE

Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio.

New Motion Pictures Available From AMA Film Library

A new film depicting the problems and education of a deaf child is now available from the AMA Film Library. Entitled "Susan's Wonderful Adventure," the film was produced for the Clarke School for the Deaf in Northampton, Massachusetts.

The purpose of this 29½-minute color film is to help create a better understanding between deaf persons and those with normal hearing. The story covers approximately 14 years in a deaf child's life. It opens with the parent's discovery of the child's deafness and closes with scenes from her school graduation exercises. All of the roles in the film are played by actual deaf children.

Another film, which will be available for bookings on local television stations after January 1, is entitled "Even for One." It is a 28-minute dramatic film designed to show the "human side" of medicine, and is the third in a series of television programs produced by the American Medical Association for use by local and state medical societies.

County medical societies interested in sponsoring this television film in their communities should contact the AMA Film Library, 535 N. Dearborn St., Chicago 10, Illinois.

Doctor Harding Guest Speaker At Parkersburg Meeting

Dr. George T. Harding of Worthington, Ohio, was the guest speaker at a meeting of the Mid-Ohio Valley Academy of Medicine which was held at the American Legion home in Parkersburg, November 1. The Academy is composed of physicians in the Washington and Athens county (Ohio) medical societies, and the Parkersburg Academy of Medicine.

Doctor Harding, who is co-medical director of the Harding Sanitarium in Worthington, discussed the basic requirements in the treatment of the psychiatric patients. He pointed out that the first requirement is to establish a satisfactory contact with the patient.

In addition to his duties at the Harding Sanitarium, the speaker also serves as clinical professor of psychiatry at Ohio State University College of Medicine. He is a past president of the Columbus Academy of Medicine.

Dr. Richard W. Corbitt of Parkersburg, president of the Parkersburg Academy of Medicine, the host organization, presided at the meeting. Prior to the meeting, Doctor Harding was entertained at a reception in his honor at the home of Dr. and Mrs. Jack Stark in Vienna.

To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old.—Oliver Wendell Holmes.

EVERY WOMAN
WHO SUFFERS
IN THE
MENOPAUSE
DESERVES
"PREMARIN"®

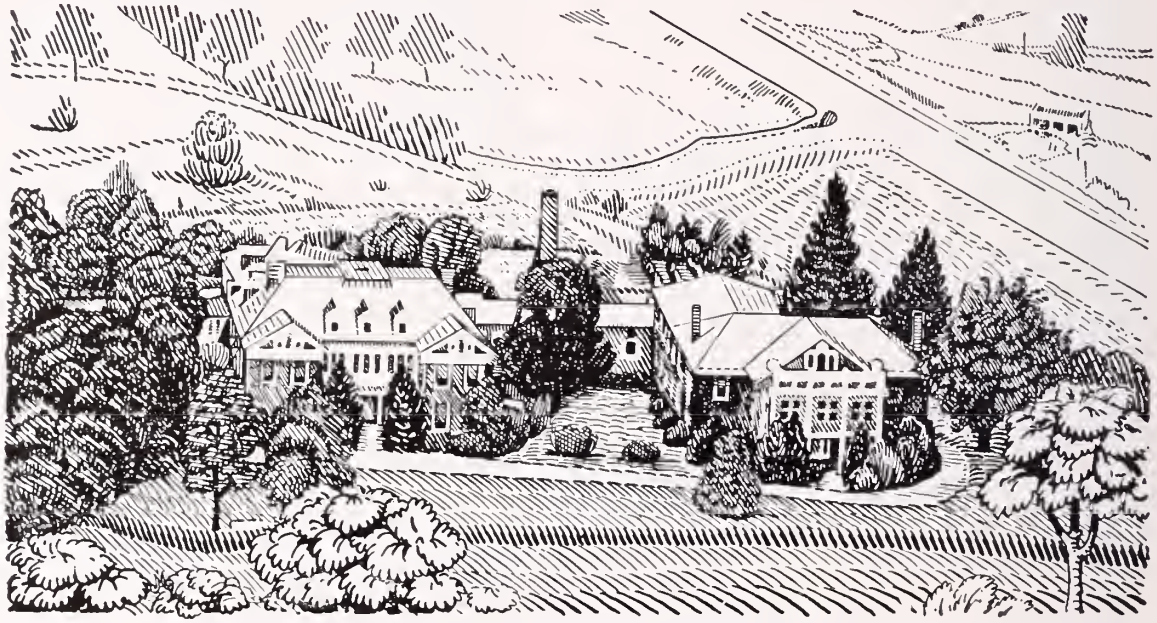
widely used
natural, oral
estrogen

AYERST LABORATORIES
New York, N.Y. • Montreal, Canada
5646

SAINT ALBANS

A PRIVATE PSYCHIATRIC HOSPITAL

RADFORD, VIRGINIA



STAFF

James P. King, M. D., Director

James K. Morrow, M. D.
Thomas E. Painter, M. D.
Clara K. Dickinson, M. D.

Daniel D. Chiles, M. D.
James L. Chitwood, M. D.,
Medical Consultant

AFFILIATED CLINICS

Bluefield Mental Health Center
525 Bland St., Bluefield, W. Va.
David M. Wayne, M. D.

Harlan Mental Health Center
Harlan, Ky.
C. H. Crudden, M. D.

Beckley Mental Health Center
207½ McCreery St.
Beckley, W. Va.
W. E. Wilkinson, M. D.

Correspondence

MERLE S. SCHERR, M. D.
ALLERGY
803 Atlas Building
Charleston, West Virginia

November 5, 1956

Mr. Charles Lively
West Virginia State Medical Assoc.
Box 1031
Charleston 24, West Virginia

Dear Mr. Lively:

I am writing this letter with the request that it be reproduced in the West Virginia Medical Journal.

The practice of allergy has increased in scope and importance during the past several years and in many states there has been formed a State Allergy Society consisting of physicians who practice allergy, either full time or on a part time basis.

The dedication of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health has indicated the importance of allergy to this country. With this interest, I feel it is important that the physicians practicing allergy in West Virginia unite to form a State Allergy Society to help further the specialty on a local level.

It is felt that a "West Virginia State Society of Allergy" should be formed with the following objects in view:

1. To unite the qualified allergists in this state in a representative organization for the furtherance of the practice of allergy as a specialty;
2. To study the scientific, economic, and social aspects of medicine in order to secure and maintain the highest standards of practice in allergy and recommend necessary changes in an existing to propose and recommend necessary changes in an existing or contemplated medical practice; and
3. To cooperate with other organizations of like purpose.

I am sure that there are many physicians in the State of West Virginia who are interested in allergy, but who need further stimulation in order to increase their interest. It is felt that this organization should be composed not only of qualified allergists, but also of interested physicians who practice some degree of the specialty. It is felt further that this organization could conduct two meetings a year with a program composed of both local and out-of-town speakers. One meeting could be held at White Sulphur Springs prior to or after the State Medical Meeting in the summer. The other could be held during the winter in one of the large cities of the state. This type of program is being

The Essay Scientific!

HALFTONES AND ETCHINGS

PICTURES rarely fail to help the Doctor bring out the important points in his scientific essays.

Many years' experience in making the cuts for THE WEST VIRGINIA MEDICAL JOURNAL has taught us to recognize the extreme necessity of bringing out the faint details and obscure shadows that mean so much to the scientific mind.

Charleston Engraving Co.

225 Hale Street Charleston, W. Va.

"...THE MERCURIALS HAVE PROLONGED THE WORKING PERIOD AND LIFE SPAN OF COUNTLESS SUFFERERS FROM CONGESTIVE HEART FAILURE..."*

TABLET
NEOHYDRIN®

*Fishberg, A. M.: Hypertension and Nephritis, ed. 5, Philadelphia, Lea & Febiger, 1954, pp. 177-178.

00755

carried out in other states and has met with great success.

Physicians who are interested in the formation of and membership in this type of organization are requested to contact me at the above address and signify the per cent of allergy in their practice, if possible. This should be designated as 100%, more than 50%, more then 25%, more than 10%, or less than 10%.

Thanking you very much for any assistance you may render in connection with the formation of a state allergy society, I am.

Sincerely yours,

(Signed) Merle S. Scherr, M. D.

MSS:zls

Cong. on Med. Education and Licensure

The 53rd Annual Congress on Medical Education and Licensure will be held at the Palmer House in Chicago, February 10-12, 1957. The three-day meeting will be sponsored by the AMA's Council on Medical Education and Hospitals, the Federation of State Medical Boards of the United States and the Advisory Board for Medical Specialties.

The first session on Sunday, February 10, will be devoted to a distribution of graduate medical education for general practice. A business meeting of the Advisory Board and an open meeting of the Federation will also be held on Sunday.

The second session on Monday will be in the nature of a symposium on "Medical Education Tomorrow," which will highlight medical education and methods of meeting its challenges. The annual banquet will be held that evening.

The general subject of "Re-evaluation of the Licensing Examination" will be discussed during the final session on Tuesday.

1958 International Cancer Congress

The Seventh International Cancer Congress sponsored by the International Union Against Cancer will be held in London, England, in July 1958. Headquarters will be maintained at the Royal Festival Hall.

There will be two main sessions of the Congress, i. e., Experimental, and Clinical and Cancer Control. Special emphasis will be placed on hormones and cancer, chemotherapy, carcinogenesis and cancer of the lung.

The registration fee for the Congress will be $30.00, and the latest date for registration without late fee will be January 1, 1958.

Registration forms and the preliminary program will be available early in 1957. Inquiries should be addressed to The Secretary General, Seventh International Cancer Congress, 45 Lincoln's Inn Fields, London W. C. 2, England.

Nearly one out of every three persons in the United States today is a Blue Cross member. In Canada, five Blue Cross Plans have enrolled 26 per cent of the population of eight provinces.—Wm. B. McCunniff, M. D., in Missouri Medicine.

If It's

SURGICAL-MEDICAL
SCIENTIFIC

You'll Find It at

Wocher's

Your Complete Surgical Supply House

609 COLLEGE ST. CINCINNATI 2, OHIO

Survey of Hill-Burton Program Undertaken by AMA

The American Medical Association is conducting a study of the Hill-Burton Hospital Construction program. The study will be conducted by the Council on Medical Service and will cover the first ten years of the program's operation.

The survey is being undertaken to determine to what extent the original objectives are being fulfilled, what effect recent progress in medical and hospital care may have had on these objectives, and what changes, if any, might be suggested to improve the program.

The AMA has asked all state medical associations to report their observations of the program to the Council. Individual physicians are also asked to pass along to the Council any experiences or suggestions they may have to offer about the program. This information should be sent to the AMA Council on Medical Service, 535 N. Dearborn Street, Chicago 10, Illinois.

Artery Transplants

In reviewing the first 150 patients using artery transplants supplied by the New York Blood Vessel Bank, Dr. Edward B. C. Keefer of New York Hospital-Cornell Medical Center pointed out that, among other uses, transplants can now take over functions of vital arteries removed because of cancer.—R. N.

State Nurses' Association Elects Officers for 1957

Mrs. Eleanor Cordray of Clarksburg, was reelected president of the West Virginia State Nurses' Association at the annual meeting held in Wheeling on October 19. Mrs. Henrietta Allen of Keyser was elected vice president, and other officers were reelected as follows:

Second vice president, Mrs. Anita Lee Garletts of Morgantown, and secretary-treasurer, Mrs. Ruth Matthews of Charleston.

Mrs. Mabel Strong of McMechen, was named a member of the board of directors.

Eleven State Physicians Inducted As Fellows of the ACS

Eleven West Virginia physicians were inducted as Fellows of the American College of Surgeons at the annual clinical congress held in San Francisco, October 8-12. The list follows:

Raboteau T. Wilder, Bluefield; Charles S. Harrison and Bernard F. Kopanko, of Clarksburg; Vernon E. Duckwall, Elkins; Claude S. Lawson, Jr., and Robert J. Sidow, of Fairmont; James A. Heckman, Huntington; C. Truman Thompson, Morgantown; Eldon H. Pertz, Weston; Paul H. Cope, Wheeling; and L. Lake Swigart, Williamson.

THE
Daniel Boone Hotel
CHARLESTON, W. VA.

Rates $4.00 Up
•
465 ROOMS, EACH WITH BATH,
CIRCULATING ICE WATER AND RADIO
COMPLETELY AIR CONDITIONED
Roger S. Creel, Managing Director
Daniel C. Pierce, Resident Manager

MEDICAL MSS.
Advice and aid in preparation of scientific papers for publication. Editing.
Lillian McGurl
REFERENCES
Phone: 2-5579
1537 Hampton Road Charleston, West Va.

DOCTOR—
• WE CAN SERVE YOU COMPLETELY PROFESSIONALLY
★
FEICK BROTHERS CO.
Pittsburgh's Leading Surgical Supply House
811 Liberty Ave. Pittsburgh, Pa.

A Doctor Is First a Human Being

Much has been said recently about the practice of the humanities of medicine. There is nothing complicated about this practice. It is simply the practice of a doctor remembering that he is a human being ministering to other human beings and treating his patients in the manner that he would like to be treated were he in that patient's place.

It sometimes happens that a doctor begins to feel that he is a little different from other people and has more godlike qualities than the average man. That doctor is doomed to frustration and unhappiness and his patients to disillusionment.

A doctor does not and should not have any godlike powers in the giving and taking of life. He has simply allowed himself to be trained so that, with the help of God, in many instances he may save life and preserve the physical integrity of the human body.

A doctor is privileged to be so closely associated with life and death that it is difficult to see how one could ever question the power of God.——Donald B. Koonce, M. D., in North Carolina Medical Journal.

Going Like 60!

Here are the reflections of one old man:

Everything is farther away than it used to be. It's twice as far to the station and trains leave faster than they used to. Staircases are steeper and newspapers use so much finer print that I have to hold them far away and squint. Everyone speaks in such a low voice that I can hardly hear them.

My suit is always too skimpy around the waist and in the seat and shoe laces are so short that it is almost impossible to reach them. More people seem younger than they used to be, while people my age look older. I glanced in the mirror yesterday and, confound it, they don't use the same kind of glass any more.—Committee on the Aging, United Community Services.

FOR SALE—Profexray for skin therapy. 100 KV-10 MA. Excellent Condition. $995.00. Write O. R., Box 1031, Charleston 24, West Virginia.

FOR SALE—Supply of radium in needles and capsules ready for use. Write Room 1111, First Huntington National Bank Building, or phone 2-6894 Huntington.

FOR SALE—Castle water, instrument and autoclave sterilizer; Rochester examination and treatment table; scales; Hanovia Alpine light; two white, steel and plate glass instrument cabinets; two white steel bedside tables; and one lot of assorted surgical and treatment and diagnostic instruments. Write T. E. Vass, M. D., 714 Edgewood Road, Bluefield, West Virginia.

GENERAL OFFICE EQUIPMENT FOR SALE—Owner retiring because of ill health. Address Richard O. O'Dell, M. D., 219 Winfield Road, St. Albans, or phone PA 7-7834, St. Albans, W. Va.

THE McMILLEN SANITARIUM

Robert A. Kidd, M. D. — Psychiatrist in Chief

♦

SUPERB ACCOMMODATIONS

for

Acute and permanent Geriatric patients

and

Acute female nervous disorders

SHOCK THERAPY

and

other treatment as indicated

♦

840 N. Nelson Road
Columbus 19, Ohio

Telephone:
Fairfax 1315

IDENTIFY YOURSELF WITH WORLD MEDICINE

through

THE WORLD MEDICAL ASSOCIATION

by joining its

UNITED STATES COMMITTEE, INC.

(Approved by American Medical Association)

Your Membership Brings You . . .

1. *Certificate of Membership,* your introduction card to 700,000 doctors of nearly 60 nations joined in a world-wide movement for the highest possible level of medical service.
2. *The World Medical Journal,* published bi-monthly, and all published studies of WMA, with data nowhere else available on scientific, economic, educational and social trends in world medicine.
3. *Letters of Introduction* to foreign medical associations and their members, facilitating professional contacts when traveling abroad.
4. *A share in representing the* interests of the practicing physician before other international groups dealing with medicine.
5. *The satisfaction of sharing the advantages of American* medical progress with other lands, and at the same time helping to protect the freedom of medicine.

JOIN TODAY!

Dr. Louis H. Bauer, Secretary-Treasurer
U. S. Committee, Inc., World Medical Association
10 Columbus Circle, New York 19, New York

I desire to become an individual member of The World Medical Association, United States Committee, Inc., and enclose check for $ _____, my subscription as a:

_____ Member	—$ 10.00 a year
Patron Member	—$100.00 or more per year
_____ Life Member	—$250.00 (no further assessments)

Signature _____

Address _____

_____

(Contributions are deductible for income tax purposes)

PLEASE MAKE CHECKS PAYABLE TO
U. S. COMMITTEE, WORLD MEDICAL ASSOCIATION

OFFICERS OF COUNTY AUXILIARIES

Society	President		Correspondent	
Barbour-Randolph-Tucker	Mrs. James R. Woodford	Philippi	Mrs. Franklin Murphy	Philippi
Boone	Mrs. W. V. Wilkerson	Whitesville	Mrs. Wyson Curry	Madison
Cabell	Mrs. C. L. Terlizzi	Huntington	Mrs. W. P. Smith	Huntington
Central W. Va.	Mrs. A. A. Milburn	Weston	Mrs. E. H. Pertz	Weston
Eastern Panhandle	Mrs. Victor L. Glover	Martinsburg	Mrs. J. C. Godlove	Martinsburg
Fayette	Mrs. Charles E. Watkins	Oak Hlli	Mrs. J. B. Thompson	Oak Hill
Greenbrier Valley	Mrs. Eugene Morhous	White Sul. Spgs.	Mrs. Ernest Cobb	Ronceverte
Hancock	Mrs. George Naymick	Weirton	Mrs. Richard A. Rose	Weirton
Harrison	Mrs. Andrew J. Weaver	Clarksburg	Mrs. J. D. H. Wilson	Clarksburg
Kanawha	Mrs. W. Paul Elkin	Charleston	Mrs. U. C. Lovejoy	Charleston
Logan	Mrs. E. R. Chillag	Holden	Mrs. Don Westover	Holden
Marion	Mrs. Jack C. Morgan	Fairmont	Mrs. Robert G. Janes	Fairmont
Mason	Mrs. C. G. Maloney	Pt. Pleasant	Mrs. G. E. McCarty	New Haven
McDowell	Mrs. Kenneth N. Byrne	Welch	Mrs. Charles Fey	Welch
Mercer	Mrs. Upshur Higginbotham	Bluefield	Mrs. James McGee	Bluefield
Mingo	Mrs. J. H. Smith	Williamson	Mrs. W. W. Scott	Williamson
Monongalia	Mrs. George A. Curry	Morgantown	Mrs. Herman A. Rich	Morgantown
Ohio	Mrs. Robert M. Sonneborn	Wheeling	Mrs. Francis Gaydosh	Wheeling
Potomac Valley	Mrs. James Wolverton	Piedmont	Mrs. Paul Wilson	Piedmont
Preston	Mrs. W. P. Johnson, Jr.	Arthurdale	Mrs. John Trenton	Kingwood
Raleigh	Mrs. Fred Richmond	Beckley	Mrs. John J. Marra	Beckley
Summers	Mrs. J. W. Stokes	Hinton	Mrs. J. W. Hesen, Jr.	Hinton
Taylor	Mrs. C. F. Shafer	Grafton	Mrs. Paul P. Warden	Grafton
Wood	Mrs. F. P. Greene	Parkersburg	Mrs. John Bryce	Parkersburg
Wyoming	Mrs. G. F. Fordham	Mullens	Mrs. Ward Wylie	Mullens

OFFICERS OF COMPONENT SOCIETIES

Society	President		Secretary		Meetings
Barbour-Randolph-Tucker	Guy H. Michael, Jr.	Parsons	A. C. Thompson	Elkins	3rd Thurs.
Boone	Wyson Curry	Madison	Hiram Sizemore, Jr.	Madison	2nd Wed.
Brooke	Ralph McGraw	Follansbee	W. T. Booher	Wellsburg	
Cabell	Thomas G. Folsom	Huntington	Ronald E. Crissey	Huntington	2nd Thurs.
Central West Virginia	J. C. Huffman	Buckhannon	Theresa O. Snaith	Weston	Quarterly
Eastern Panhandle	A. W. Armentraut	Martinsburg	E. Andrew Zepp	Martinsburg	Quarterly
Fayette	C. W. Stallard, Jr.	Montgomery	R. D. Peck	Montgomery	1st Wed.
Greenbrier Valley	H. Charles Ballou	White Sul. Spgs.	W. D. Irvine	Lewisburg	2nd Wed.
Hancock	Richard A. Rose	Weirton	David S. Pugh	Chester	2nd Tues.
Harrison	Joseph Gilman	Clarksburg	Lawrence B. Thrush	Clarksburg	1st Thurs.
Kanawha	W. Paul Elkin	Charleston	Carl B. Hall	Charleston	2nd Tues.
Logan	David W. Mullins	Logan	Mark S. Spurlock	Logan	2nd Wed.
Marion	Louis E. Baron	Fairmont	George T. Evans	Fairmont	Last Tues.
Marshall	David E. Yoho	Moundsville	T. O. Dickey	McMechen	Semi-Ann.
Mason	C. W. Thompson	Pt. Pleasant	C. G. Maloney	Pt. Pleasant	
McDowell	O. E. Linkous	Welch	F. L. Johnstan	Welch	2nd Wed.
Mercer	J. Paul Champion	Princeton	John J. Mahood	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	A. H. Henderson, Jr.	Williamson	2nd Thurs.
Monongalia	Charles S. Mahan	Morgantown	Robert J. Fleming	Morgantown	1st Tues.
Ohio	R. M. Sonneborn	Wheeling	Joseph L. Curry	Wheeling	4th Tues.
Parkersburg Academy	Richard W. Corbitt	Parkersburg	William E. Gilmore	Parkersburg	1st Thurs.
Potomac Valley	V. L. Dyer	Petersburg	P. T. Healy	Keyser	2nd Wed.
Preston	D. P. Brown	Kingwood	C. Y. Moser	Kingwood	4th Thurs.
Raleigh	John W. Whitlock	Beckley	Charles W. Merritt	Beckley	3rd Thurs.
Summers	W. L. Van Sant	Hinton	Buford W. McNeer	Hinton	3rd Wed.
Taylor	Herbert N. Shanes	Grafton	Paul P. Warden	Grafton	Last Thurs.
Wetzel	LeMoyne Coffield	New Martinsville	C. P. Watson, Jr.	New Martinsville	Monthly
Wyoming	L. Harry Trippett, Jr.	Amigo	George F. Fordham	Mullens	Quarterly

Directory of Physicians in Limited Practice

Advertising space in the Directory of Physicians in Limited Practice may be had by communicating with Mr. Charles Lively, Business Manager of the West Virginia Medical Journal, Box 1031, Charleston 24, W. Va. The cost is one dollar per month, or ten dollars per year if paid in advance.

ALLERGY

MERLE S. SCHERR, M. D.
ALLERGY
803 Atlas Building
Charleston, W. Va.
Phones: Off. 3-5472, Res. 6-1212

M. D. REITER, M. D.
ALLERGY—INTERNAL MEDICINE
416 Hawley Building — Wheeling, W. Va.
By Appointment — Wheeling 5529

EYE, EAR, NOSE AND THROAT

SOBISCA S. HALL, M. D.
OTO-RHINO-LARYNGOLOGY; PERORAL ENDOSCOPY; RHINO-PLASTY AND OTO-PLASTY
Diplomate American Board of Otolaryngology
Empire Bank Building — Clarksburg, W. Va.

H. ALLEN WHISLER, M. D.
EYE, EAR, NOSE AND THROAT
311-314 GOFF BUILDING — CLARKSBURG, W. Va.
Phone 2-6181

ALFRED J. MAGEE, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
805 Atlas Building — Charleston, W. Va.
Phone: Office 3-6219

ARTHUR C. CHANDLER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
1119 Va. St., E. — Charleston, W. Va.
Phones: Office 6-5423, Res. 2-7455

ALBERT C. ESPOSITO, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
Suite 1211, First Huntington National Bank Building
Huntington, West Virginia — Phone 2-6155

CHARLES M. POLAN, M. D.
OPHTHALMOLOGY
Diplomate American Board of Ophthalmology
Beta Ocular Therapy
1042 Sixth Avenue — Huntington, W. Va.
Phone 2-4616

CARL F. BREISACHER, M. D.
OPHTHALMOLOGY—By Appointment
Diplomate American Board of Ophthalmology
404 Medical Arts Bldg. — Charleston, W. Va.
Phone 6-0701

FREDERICK C. REEL, M. D.
Otorhinolaryngology, Nasal Allergy, Peroral Endoscopy
Diplomate American Board of Otolaryngology
Medical Arts Building — Charleston, W. Va.

JAMES T. SPENCER, M. D.
PERORAL ENDOSCOPY AND OTOLARYNGOLOGY
Diplomate American Board of Otolaryngology
Hours by Appointment — Phones: Off. 2-0124, Res. 2-3674
1112 Virginia Street, East — Charleston, W. Va.

EENT (Cont'd.)

RALPH W. RYAN, M. D., M. S. OPHTH.
OPHTHALMOLOGY—BY APPOINTMENT
Diplomate of the American Board of Ophthalmology
158 High Street — Morgantown, W. Va
Phone 3721

DERMATOLOGY — SYPHILOLOGY

W. CARROLL BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 46
510 Riley Law Building — Wheeling, West Virginia

F. F. SOWERS, M. D.
900 Fairmont Avenue
FAIRMONT, WEST VIRGINIA

CHARLES S. DUNCAN, M. D.
Dermatology and Corrective Surgical Planing of Skin (Kurtin Technique)
Associate American Academy of Dermatology and Syphilology
1034 Fifth Ave. — Phone 3-7877
HUNTINGTON, W. VA.

BEATRICE H. KUHN, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1109 Quarrier Street — Charleston, W. Va.
Phones: Offices 3-5174, Res. WAlnut 5-3433

HUNTER BOGGS, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
318 Professional Bldg. — Charleston, W. Va.
Phone 2-2838

R. O. HALLORAN, M. D.
SKIN DISEASES AND ALLERGY
Phone 2-1313 — 305 Atlas Building
CHARLESTON, WEST VIRGINIA

FRANCIS C. PRUNTY, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
Phone 2-2829
925 JULIANA STREET — PARKERSBURG, W. VA.

JAMES W. CALVERT, M. D.
Diplomate American Board of Dermatology and Syphilology
Fellow American Academy of Dermatology and Syphilology
1400 Bland Street — Bluefield, W. Va.
Thursdays and Fridays By Appointment
Phones: Off. DA 7-7535; Res. DA 5-8457

ELECTROCARDIOGRAPHY

I. E. BUFF, M. D.
CARDIOLOGY—BALLISTOCARDIOGRAPHY
310 Atlas Building
CHARLESTON, WEST VIRGINIA

INTERNAL MEDICINE

JAMES L. WADE, M. D., F. A. C. P.
DIAGNOSIS AND CARDIOLOGY
Diplomate of American Board of Internal Medicine and American Board of Cardiovascular Disease
1308 MARKET ST., PARKERSBURG

INTERNAL MEDICINE (Cont'd.)

WALTER C. SWANN, M. D., F. A. C. P.
CARDIOLOGY
Diplomate of the American Board of Internal Medicine and American Board of Cardiovascular Disease
1139 4th Avenue — Huntington, W. Va.

OSCAR B. BIERN, M. D., F. A. C. P.
Diplomate of the American Board of Internal Medicine
SAMUEL BIERN, M. D.
713 West Virginia Building — Huntington, W. Va.
Phone: Office 8276

RALPH H. NESTMANN, M. D., ASSOCIATE A. C. P.
INTERNAL MEDICINE—CHEST DISEASES
Diplomate American Board of Internal Medicine
1111 Quarrier Street — Charleston, W. Va
Phone 6-3351

This Space for Sale

NEUROLOGY and NEUROLOGICAL SURGERY

ARCHER A. WILSON, M. D.
Diplomate American Board of Neurological Surgery
CARREL M. CAUDILL, M. D.
Diplomate American Board of Neurological Surgery
815 Atlas Building
CHARLESTON, WEST VIRGINIA

GEORGE D. JOHNSON, M. D.
Diplomate American Board of Psychiatry and Neurology and American Academy of Neurology
Hours by Appointment
Suite 1018, 1st Huntington National Bank Building
Huntington, W. Va.
Phones: 9162 (Morning); 2-0505 (Afternoon)

OBSTETRICS — GYNECOLOGY

A. MORGAN DEARMAN, M. D.
947 MARKET STREET — PARKERSBURG, W. Va.
Phone 8-0371

WALTER W. POINT, M. D.
JOHN T. CHAMBERS, M. D.
Suite 510, Medical Arts Building
CHARLESTON, WEST VIRGINIA

WILBUR E. HOFFMAN, M. D.
808 ATLAS BUILDING — CHARLESTON, W. VA.
Phones: Office 2-4961, Residence 6-7143

Directory of Physicians in Limited Practice

OBSTETRICS — GYNECOLOGY (Cont'd.)

A. P. HUDGINS, M. D.
402-404 PROFESSIONAL BUILDING — CHARLESTON, W. VA.
Phones: Office 3-6523, Residence 2-5539

J. PRESTON LILLY, M. D.
401 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.
Phone: Office 2-5513, Residence 2-8038

JAMES L. HAGER, M. D.
208 Broad Street — Charleston, W. Va.
Phone: Office and Residence, 3-2544

FREDERICK H. DOBBS, M. D.
308 Professional Bldg. — Charleston, W. Va.
Phones: Office 2-4411; Res. 2-4682

ORTHOPEDICS

HOWARD G. WEILER, M. D.
409-411 CENTRAL UNION BUILDING — WHEELING, W. VA.
Phones: Office, CEdar 3-3252; Res. Wds. 478

HOWARD A. SWART, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
524 Med. Arts Bldg. — Charleston, W. Va.
Phones: Office 2-8433; Res. WAlnut 5-3017

RANDOLPH L. ANDERSON, M. D.
H. M. HILLS, JR., M. D.
A. A. ABPLANALP, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
1208 Kanawha Boulevard — Charleston, W. Va.
PHONE 3-7559

HAROLD H. KUHN, M. D., F. A. C. S.
Fellow American Academy of Orthopedic Surgery
Diplomate American Board of Orthopedic Surgery
1109 Quarrier Street — Charleston, W. Va.
Phones: Office 3-5174, Res. WAlnut 5-3433

GEORGE R. CALLENDER, JR., M. D.
CARL J. RONCAGLIONE, M. D.
ORTHOPEDIC AND TRAUMATIC SURGERY
Phone 2-4493
1210 Virginia St., E. — Charleston, W. Va.

J. MARSHALL CARTER, M. D.
ORTHOPEDIC SURGERY
Diplomate American Board of Orthopedic Surgery
1016 Sixth Avenue — Huntington, W. Va.
Phones: Off. 4-4303, Res. 2-4193

PEDIATRICS

ARTHUR A. SHAWKEY, M. D.
G. ARTHUR SHAWKEY, M. D.
PEDIATRICS
Professional Bldg — Charleston, W. Va.
Phones 2-6425 and 6-3254

RADIOLOGY

E. W. SQUIRE, M. D.—PAUL FRANCKE, JR., M. D.
JOHN C. TODD, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4145
310 MEDICAL ARTS BUILDING — CHARLESTON, W. VA.

RADIOLOGY (Cont'd.)

W. P. ELKIN, M. D. — J. D. KUGEL, M. D.
Diplomate American Board of Radiology
Roentgen Diagnosis—Roentgen and Radium Therapy
Phone Dickens 4-4761
517 MEDICAL ARTS BUILDING CHARLESTON, W. VA.

SURGERY

WM. CASSIUS COOK, JR., M. D., F. A. C. S.
GEORGE R. ROSENBAUM, M. D., F. A. C. S.
Diplomate American Board of Surgery
1214-A Quarrier Street Phone 6-0545
Charleston, W. Va.

KENNETH G. MacDONALD, M. D., F. A. C. S.
Diplomate American Board of Surgery
1210 Virginia St., E. Charleston 1, W. Va.
Phone: Off. 6-1282

MORRIS H. O'DELL, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
1205 Quarrier Street Charleston 1, W. Va.
Phone: Office 2-6522

JAMES H. WALKER, M. D.
THORACIC AND CARDIAC SURGERY
Diplomate American Board of Surgery and
Board of Thoracic Surgery
A. ADAM, M. D.
1123 Virginia Street, E. Charleston 1, W. Va.
Phone: Office 3-6414

CLYDE LITTON, M. D., D. D. S.
SURGERY — ORAL, PLASTIC, MAXILLOFACIAL
Diplomate American Board of Plastic Surgery
1210 Virginia Street Charleston 1, W. Va.
Phone 68-2419

WILLIAM L. JAMISON, M. D.
THORACIC AND CARDIAC SURGERY
Fellow American College of Surgeons
412 Medical Arts Bldg. Charleston, W. Va.
Phone 3-5636

UROLOGY

WM. C. D. McCUSKEY, M. D., F. A. C. S.
UROLOGIC DIAGNOSIS AND SURGERY
Member American Urological Association
Diplomate American Board of Urology
60 - 14th Street Wheeling, W. Va.
Phones: Wheeling 1703, Warwood 98

WEST VIRGINIA DRUG STORES

COOK DRUG COMPANY
Druggists
CHARLESTON, WEST VIRGINIA
"Where Pharmacy is a Profession and Not a Side Line"

O. J. STOUT & COMPANY
DRUGGISTS
Market and Sixth Streets Parkersburg, W. Va.

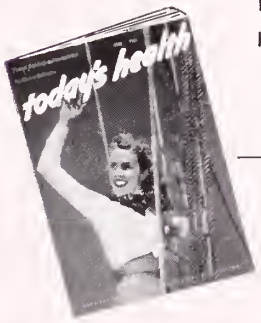
WEST VIRGINIA DRUG STORES (Cont'd.)

GOODYKOONTZ REXALL DRUG STORE
Pharmacists Since 1907
Bland and South Streets Bluefield, W. Va

FLAT IRON DRUG STORE
"A Safe Drug Store"
May We Fill Your Patients' Prescriptions
WELCH, W. VA.

TRIVILLIAN'S PHARMACIES
Serving the Profession and the Home
Charleston, W. Va.
Downtown 1034 Quarrier St. Kanawha City At Foot of Bridge

today's health a must!
for your reception room



Physicians' Half-Price Rates

4 years	$4.00
3 years	3.25
1 year	1.50

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn · Chicago 10, Illinois

DECEMBER ADVERTISERS

Abbott ... xvi, xvii
Ames Company, Inc. ... *Inside Back Cover*
Ayerst Laboratories ... lix

Broaddus Hospital ... lviii
Burroughs Wellcome ... xxx, xxxviii, xxxix

Charleston Engraving Company ... lxi
Chicago Medical Society ... xliii
Ciba Pharmaceutical Products ... xxvi
Coca-Cola Co. ... xlv
Columbus Pharmacal ... xli
Corn Products Refining Co. ... x

Daniel Boone Hotel ... lxiii

Feick Brothers ... lxiii
Foot-So-Port Shoe Co. ... xxxix

Harding Sanitarium ... lvii

Keeley Institute ... lviii
Kloman Instrument Company, Inc. ... xxxvii

Lakeside Laboratories ... vii, xlii, lxi
Lederle Laboratories ... xxiii, 426, 427, xliii
Lilly, Eli and Company ... *Front Cover*, xxxiv

Mallard, Inc. ... xlvi
Marmet Hospital ... xliv
McMillen Sanitorium ... lxiv

Medical Arts Supply Co. ... xl
Merck Sharp & Dohme ... xv, xx, xxi, xxvii, xlviii, xlix
Morris Memorial Hospital ... li
Myers Clinic ... xli

Parke, Davis & Company ... ii, iii, xxiv, xxv
Patton Adjustments ... lxx
Pfizer Laboratories, Div. of Charles Pfizer & Co., Inc. ... xii, xiii, xxviii, xxix
Physicians Casualty Association ... xlii
Physicians & Dentists Business Bureau ... lvii
Physicians Products Company ... xviii
Provident Life and Accident Insurance Co. ... xxvi

Riker Laboratories ... xi

St. Albans Sanitarium ... lx
Schering ... viii, ix, xxxii, xxxiii
Schmid, Julius, Inc. ... xiv
Searle, G. D. & Co. ... xxxv
Smith, Kline & French Laboratories ... *Back Cover*

Thrift Loan & Finance Corp. ... xlvii

Upjohn ... v

Viceroy Cigarettes ... xxii

Wallace Laboratories ... xix
Westbrook Sanatorium ... lii
Wheeling Clinic ... lvi
Winthrop Laboratories ... xxxi, lvi
Wocher's ... lxii

a GOOD Collection Agency . . . **PATTON ADJUSTMENTS, INC.**

A Dignified Collection Service

Jack Patton, Manager **Telephone 2-7158**

Charleston, West Virginia

IF THERE REMAINS ANY QUESTION in the minds of professional and business men concerning the modern, up-to-date collection agency, that question is best answered by pointing out that the collection agency system has filled a long felt need in modern business and has proved its worth.

THE SERVICES OF THE MODERN COLLECTION AGENCY are as complete as they are effective. To professional and business men they are of enormous value. They cut or eliminate entirely serious credit losses. Their clients receive invaluable information and counsel on credit matters. The collection agency is a very necessary spoke in the wheel of modern business.

A GOOD COLLECTION AGENCY operates in accordance with the laws of the state. It is thoroughly experienced in the art of collection. The members of the staff of a good collection agency are trained in the methods that bring results, and in protecting the goodwill of the client's customers. A good collection agency is a financial institution handling funds belonging to you, and it is therefore sensible of its responsibility in handling them.

AND SO IT IS WITH US, a good collection agency. Our approach to collection problems is by no means a narrow one. It is always sympathetic to both creditor and debtor. We know the client wants his money, but also wants to retain, or restore, the goodwill of his debtors. That is important, too.

Such a policy has made this agency respected and successful. We are serving many professional and business men of this community in a high class manner. Their confidence in us encourages us to believe that we can perform the same services for you, if you will give us the opportunity.

INDEX TO VOLUME LII

THE WEST VIRGINIA MEDICAL JOURNAL — 1956

A

A Biochemical Consideration of Schizophrenia—R. F. Krause, M. D. Apr., 106
A Community and Its Health Center—Leonard A. Scheele, M. D. Apr., 97
A New Method of Skin Closure—Anne LeCroy, Ph. D. and Paul Williamson, M. D. Nov., 381
Acute Bromide Intoxication: Treatment with Chlorpromazine—Thelma V. Owen, M. D., and M. G. Stemmermann, M. D. Oct., 330
Addiction, Effect of Chlorpromazine on—Johnson Chu, M. D. Jan., 5
Aliff, J. Paul, M. D., Samuel Biern, Jr., M. D., and John P. Brick, M. D.—Occupational Diseases in West Virginia Dec., 422
Anderson, Theodore, Ph. D., and Lowrain E. McCrea, M. D.—The Clinico-Bacteriologic Evaluation of Furadantin in Urinary Tract Infections Sept., 293
Anesthesiologists in the Medical-Surgical Team, The—Curtiss B. Hickcox, M. D., and Ralph M. Tovell, M. D. Feb., 41
Annual Working Conference on School Health, The—Fred J. Holter, Ph. D. June 177
Antibiotic Therapy, Present Day Problems Concerned with—Chester Scott Keefer, M. D. Jan., 1
Antispastic Sedative Medication in Urologic Procedures—John F. McCuskey, M. D. and E. Burl Randolph, M. D. Nov., 379

B

Balarsen: A New Oral Arsenical in the Treatment of Pustular Bacterid—Beatrice H. Kuhn, M. D. Feb., 48
Biern, Samuel, Jr., M. D., John Brick, M. D., and J. Paul Aliff, M. D.—Occupational Diseases in West Virginia Dec., 422
Biopsy of the Lung and Pleura—Otto C. Brantigan, M. D. May 153
Bradford, Bert, Jr., M. D., R. Thomas Linger, M. D., and Henry Mishalaney, M. D.—Present Status of Lumbar Sympathectomy Aug., 225
Brantigan, Otto C., M. D.—Biopsy of the Lung and Pleura May 153
Brick, John P., M. D., J. Paul Aliff, M. D. and Samuel Biern, Jr., M. D.—Occupational Diseases in West Virginia Dec., 422
Bromide Intoxication, Acute: Treatment with Chlorpromazine—Thelma V. Owen, M. D., and M. G. Stemmermann, M. D. Oct., 330

C

Cancer of the Larynx—Sobisca S. Hall, M. D. May 144
Carone, Frank A., M. D., George A. Curry, M. D., and M. L. Hobbs, M. D.—Tuberculosis in the Adult Negro Dec., 415
Cataract Surgery in the Aged—Milton J. Lilly, Jr., M. D. July 203
Cecil, Russell L., M. D.—Osteoarthritis Sept., 285
Chandler, A. C., M. D.—Perforating Wounds of the Eyelid Mar., 74
Chlorpromazine, Effect of on Addiction—Johnson Chu, M. D. Jan., 5
Chlorpromazine, Treatment of Acute Bromide Intoxication with—Thelma V. Owen, M. D., and M. G. Stemmermann, M. D. Oct., 330
Chronic Occlusive Disease of the Terminal Aorta Leriche Syndrome—Max Koenigsberg, M. D. Apr., 102
Chu, Johnson, M. D.—Effect of Chlorpromazine on Addiction Jan., 5
Clinico-Bacteriologic Evaluation of Furadantin in Urinary Tract Infections, The—Lowrain E. McCrea, M. D., and Theodore Anderson, Ph. D. Sept., 293
Communicable Diseases in Monongalia County, 1949-54—John William Lemley, M. D. Feb., 54
Congenital Atresia of the Esophagus with Tracheo-Esophageal Fistula—Charles Schnurer, M. D. Oct., 325
Congenital Eventration of the Diaphragm—Haven M. Perkins, M. D. June 171
Cooke, W. L., M. D.—Tuberculous Meningitis Nov., 371
Coronary Heart Disease, What's New in Hypertension and—Woodford B. Troutman, M. D. Oct., 332
Curriculum in Medical Technology at West Virginia, The—Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D. Sept., 305
Curry, George A., M. D., M. L. Hobbs, M. D., and Frank A. Carone, M. D.—Tuberculosis in the Adult Negro Dec., 415

D

Diagnosis of Otitis Media in Children, The—John B. Haley, M. D. Mar., 68
Diaphragm, Congenital Eventration of the—Haven M. Perkins, M. D. June 171
Dicumarol Therapy, Retroperitoneal Hemorrhage Simulating an Acute Abdominal Lesion During—M. D. Reiter, M. D. July 205
Diverticulosis and Diverticulitis of the Colon, Surgical Therapy in the Treatment of—Marion N. Malinowski, M. D., John E. Lutz, M. D., and Kenneth G. MacDonald, M. D. Sept., 289
Dodds, Gideon S., Ph. D., and Edward J. Van Liere, M. D.—Licensure of Foreign Trained Physicians in West Virginia Apr., 114
Dodds, Gideon S., Ph. D., and Edward J. Van Liere, M. D.—The Curriculum in Medical Technology at West Virginia University Sept., 305
Dyer, N. H., M. D.—Seventy-Five Years of Public Health in West Virginia Nov., 385

E

Effect of Chlorpromazine on Addiction—Johnson Chu, M. D. Jan., 5
Electrocardiogram In Situs Inversus, The—David W. Northup, Ph. D., and Edward J. Van Liere, M. D. June 169
Electrosurgery, The Use and Abuse of—Hu C. Myers, M. D. Feb., 49
Emotional Illness in Coal Miners in West Virginia, The Incidence of—Ralph H. Nestmann, M. D. May 149
Etiology of Otitis Media, The—Charles T. St. Clair, M. D. Mar., 67
Eventration of the Diaphragm, Congenital—Haven M. Perkins, M. D. June 171
Extra-Ocular Foreign Bodies—John H. Trotter, M. D. Mar., 72
Eyelid, Perforating Wounds of the—A. C. Chandler, M. D. Mar., 74

F

Federal Legislation and How It Affects the Medical Profession—Dwight H. Murray, M. D. Dec., 407
Flood, R. E., M. D., and Ray S. Greco, M. D.—Stripping of Varicose Veins with A Double Stripper June 167
Foreign Trained Physicians in West Virginia, Licensure of—Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D. Apr., 114
Furadantin, The Clinico-Bacteriologic Evaluation of in Urinary Tract Infections—Lowrain E. McCrea, M. D., and Theodore Anderson, Ph. D. Sept., 293

G

Goff, Mrs. Mary N., M. A., and A. A. Milburn, M. D.—Pseudosociopathic Schizophrenia Nov., 374
Greco, Ray S., M. D., and R. E. Flood, M. D.—Stripping of Varicose Veins with a Double Stripper June 167

H

Haley, John B., M. D.—The Diagnosis of Otitis Media in Children Mar., 68
Hall, Sobisca S., M. D.—Cancer of the Larynx May 144
Harley, J. B., M. D., and M. L. Hobbs, M. D.—Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy July 197
Harley, John B., M. D.—Rheumatoid Spondylitis Sept., 301

Hays, Henry C., M. D.—The Treatment of Otitis Media in Children ... Mar., 69
Health Center, A Community and Its—Leonard A. Scheele, M. D. ... Apr., 97
Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy—M.L. Hobbs, M. D., and J. B. Harley, M. D. ... July 197
Hemorrhage from the Renal Vessels, Management of—John J. Murphy, M. D. ... Jan., 7
Hickcox, Curtiss B., M D., and Ralph M. Tovell, M. D.—The Anesthesiologist in the Medical-Surgical Team ... Feb., 41
Hobbs, M. L., M. D., Frank A. Carone, M. D. and George A. Curry, M. D.—Tuberculosis in the Adult Negro ... Dec., 415
Hobbs, M. L., M. D., and J. B. Harley, M. D.—Hematoma of the Rectus Abdominis Muscle as a Fatal Complication of Anticoagulant Therapy ... July 197
Hobbs, M. L., M. D.—Morphological Changes in Tuberculosis ... May 131
Holter, Fred J., Ph. D.—The Annual Working Conference on School Health ... June 177
Hospital Administration, The Medical Staff and—Walter E. Vest, M. D. ... Apr., 109
Hospital Medical Director, The—M. B. Williams, M. D. ... Mar., 76
Hypertension and Coronary Heart Disease, What's New in—Woodford B. Troutman, M. D. ... Oct., 332

I

Incidence of Emotional Illness in Coal Miners in West Virginia, The—Ralph H. Nestmann, M. D. ... May 149
Is Anesthesiology the Practice of Medicine?—Eldon B. Tucker, M. D. ... Aug., 231

K

Kechele, D. V., M. D.—Let's Cut the Cancer Toll ... Apr., 118
Keefer, Chester Scott, M. D.—Present Day Problems Concerned with Antibiotic Therapy ... Jan., 1
Kiesewetter, William B., M. D. — Undescended Testes ... Aug., 235
Koenigsberg, Max, M. D.—Chronic Occlusive Disease of the Terminal Aorta Leriche Syndrome ... Apr., 102
Krause, R. F., M. D.—A Biochemical Consideration of Schizophrenia ... Apr., 106
Kuhn, Beatrice H., M. D.—Balarsen: A New Oral Arsenical in the Treatment of Pustular Bacterid ... Feb., 48

L

Larynx, Cancer of the—Sobisca S. Hall, M. D. ... May 144
LeCroy, Anne, Ph. D., and Paul Williamson, M. D.—A New Method of Skin Closure ... Nov., 381
Lemley, John William, M. D.—Communicable Diseases in Monongalia County, 1949-1954 ... Feb., 54
Leriche Syndrome, Chronic Occlusive Disease of the Terminal Aorta—Max Koenigsberg, M. D. ... Apr., 102
Let's Cut the Cancer Toll—D. V. Kechele, M. D. ... Apr., 118
Licensure of Foreign-Trained Physicians in West Virginia—Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D. ... Apr., 114
Lilly, Milton J., Jr., M. D.—Cataract Surgery in the Aged ... July 203
Linger, R. Thomas, M. D., Henry Mishalaney, M. D., and Bert Bradford, Jr., M. D.—Present Status of Lumbar Sympathectomy ... Aug., 225
Lumbar Sympathectomy, Present Status of—Henry Mishalaney, M. D., Bert Bradford, Jr., M. D., and R. Thomas Linger, M. D. ... Aug., 225
Lung and Pleura, Biopsy of the—Otto C. Brantigan, M. D. ... May 153
Lutz, Athey R., M. D.—New Horizons in Medicine ... Oct., 321
Lutz, John E., M. D., Kenneth G. MacDonald, M. D., and Marion N. Malinowski, M. D.—Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon ... Sept., 289

M

MacDonald, Kenneth G., M. D., Marion N. Malinowski, M. D., and John E. Lutz, M. D.—Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon ... Sept., 289
Malinowski, Marion N., M. D., John E. Lutz, M. D., and Kenneth G. MacDonald, M. D.—Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon ... Sept., 289
Management of Hemmorrhage from the Renal Vessels—John J. Murphy, M. D. ... Jan., 7
McCrea, Lowrain E., M. D., and Theodore Anderson, Ph. D.—The Clinico-Bacteriologic Evaluation of Furadantin in Urinary Tract Infections ... Sept., 293
McCuskey John F., M. D., and E. Burl Randolph, M. D.—Antispastic Sedative Medication in Urologic Procedures ... Nov., 379
Medical Staff and Hospital Administration, The—Walter E. Vest, M. D. ... Apr., 109
Medical Technology, The Curriculum in at West Virginia University—Edward J. Van Liere, M. D., and Gideon S. Dodds, Ph. D. ... Sept., 305
Medico-Legal Relationships Viewed Through the Doctor's Goggles—Walter E. Vest, M. D. ... Oct., 336
Milburn, A. A., M. D., and Mrs. Mary N. Goff, M. A.—Pseudosociopathic Schizophrenia ... Nov., 374
Mishalaney, Henry, M. D., Bert Bradford, Jr., M. D., and R. Thomas Linger, M. D.—Present Status of Lumbar Sympathectomy ... Aug., 225
Morphological Changes in Tuberculosis — M. L. Hobbs, M. D. ... May 131
Morris Memorial Hospital, The Rehabilitation Center of—Harlan A. Stiles, M. D., and Jack E. Pearson, M. S. ... Dec., 425
Murphy, John J., M. D.—Management of Hemorrhage from the Renal Vessels ... Jan., 7
Murray, Dwight H., M. D.—Federal Legislation and How It Affects the Medical Profession ... Dec., 407
Myers, Hu C., M. D.—The Use and Abuse of Electrosurgery ... Feb., 49

N

Nestmann, Ralph H., M. D.—The Incidence of Emotional Illness in Coal Miners in West Virginia ... May 149
New Horizons in Medicine—Athey R. Lutz, M. D. ... Oct., 321
Northup, David W., Ph. D., and Edward J. Van Liere, M. D.—The Electrocardiogram in Situs Inversus ... June 169
Northup, David W., Ph. D.—The Physiology of Urine Secretions ... Dec., 417

O

Occupational Diseases in West Virginia—John P. Brick, M. D., J. Paul Aliff, M. D., and Samuel Biern, Jr., M. D. ... Dec., 422
Ophthalmology and Otolaryngology, Symposium on ... Mar., 67
Osteoarthritis—Russell L. Cecil, M. D. ... Sept., 285
Otitis Media in Children, The Diagnosis of—John B. Haley, M. D. ... Mar., 68
Otitis Media in Children, The Treatment of—Henry C. Hays, M. D. ... Mar., 69
Otitis Media, The Etiology of—Charles T. St. Clair, M. D. ... Mar., 67
Owen, Thelma V., M. D., and M. G. Stemmermann, M. D.—Acute Bromide Intoxication: Treatment with Chlorpromazine ... Oct., 330

P

Pearson, Jack E., M. S., and Harlan A. Stiles, M. D.—The Rehabilitation Center of Morris Memorial Hospital ... Dec., 425
Perforating Wounds of the Eyelid—A. C. Chandler, M. D. ... Mar., 74
Perkins, Haven M., M. D.—Congenital Eventration of the Diaphragm ... June 171
Perkins, Haven M., M. D., and Victor S. Skaff, M. D.—Traumatic Tracheo-Esophageal Fistula ... Dec., 411
Pettit, Harold S., M. D.—Pulmonary Manifestations of Some Systemic Diseases ... May 138
Physiology of Urine Secretions, The—David W. Northup, Ph. D. ... Dec., 417
Polan, Charles M., M. D.—Superficial Chemical and Thermal Injuries of the Eye ... Mar., 71
Power, F. Ray., M. A., and Thomas G. Reed, M. D.—Rehabilitation: A New Challenge ... Aug., 238
Present Day Problems Concerned with Antibiotic Therapy—Chester Scott Keefer, M. D. ... Jan., 1
Present Status of Lumbar Sympathectomy—Henry Mishalaney, M. D., Bert Bradford, Jr., M. D., and R. Thomas Linger, M. D. ... Aug., 225
Pseudosociopathic Schizophrenia—A. A. Milburn, M. D., and Mrs. Mary N. Goff, M. A. ... Nov., 374
Pulmonary Manifestations of Some Systemic Diseases—Harold S. Pettit, M. D. ... May 138

R

Randolph, E. Burl, M. D., and John F. McCuskey, M. D.—Antispastic Sedative Medication in Urologic Procedures ... Nov., 379
Ray, Edward S., M. D.—Sarcoidosis: Its Diagnosis and Management ... July 200
Reed, Thomas G., M. D., and F. Ray Power, M. A.—Rehabilitation: A New Challenge ... Aug., 238

Rehabilitation: A New Challenge—F. Ray Power, M. A., and Thomas G. Reed, M. D. Aug., 238
Rehabilitation Center of Morris Memorial Hospital, The—Harlan A. Stiles, M. D., and Jack E. Pearson, M. S. Dec., 425
Reiter, M. D., M. D.—Retroperitoneal Hemorrhage Simulating An Acute Abdominal Lesion During Dicumarol Therapy July 205
Renal Vessels, Management of Hemorrhage from the—John J. Murphy, M. D. Jan., 7
Retroperitoneal Hemorrhage Simulating An Acute Abdominal Lesion During Dicumarol Therapy—M. D. Reiter, M. D. July 205
Rheumatoid Spondylitis—John B. Harley, M. D. Sept., 301

S

St. Clair, C. T., M. D.—The Etiology of Otitis Media Mar., 67
Sarcoidosis: Its Diagnosis and Management—Edward S. Ray, M. D. July 200
Scheele, Leonard A., M. D.—A Community and Its Health Center Apr., 97
Schizophrenia, A Biochemical Consideration of—R. F. Krause, M. D. Apr., 106
Schizophrenia, Pseudosociopathic—A. A. Milburn, M. D., and Mrs. Mary N. Goff, M. A. Nov., 374
Schnurer, Charles, M. D.—Congenital Atresia of the Esophagus with Tracheo-Esophageal Fistula Oct., 325
School Health, The Annual Working Conference on—Fred J. Holter, Ph. D. June 177
Seventy-Five Years of Public Health in West Virginia—N. H. Dyer, M. D. Nov., 385
Situs Inversus, The Electrocardiogram in—David W. Northup, Ph. D., and Edward J. Van Liere, M. D. June 169
Skaff, Victor S., M. D., and Haven M. Perkins, M. D.—Traumatic Tracheo-Esophageal Fistula Dec., 411
Skin Closure, A New Method of—Anne LeCroy, Ph. D., and Paul Williamson, M. D. Nov., 381
Stemmermann, M. G., M. D., and Thelma V. Owen, M. D.—Acute Bromide Intoxication: Treatment with Chlorpromazine Oct., 330
Stiles, Harlan A., M. D., and Jack E. Pearson, M. S.—The Rehabilitation Center of Morris Memorial Hospital Dec., 425
Stripping of Varicose Veins with A Double Stripper—Ray S. Greco, M. D., and R. E. Flood, M. D. June 167
Superficial Chemical and Thermal Injuries of the Eye—Charles M. Polan, M. D. Mar., 71
Surgical Therapy in the Treatment of Diverticulosis and Diverticulitis of the Colon—Marion N. Malinowski, M. D., John E. Lutz, M. D., and Kenneth G. MacDonald, M. D. Sept., 289
Symposium on Ophthalmology and Otolaryngology Mar., 67

T

Terminal Aorta, Chronic Occlusive Disease of the—Max Koenigsberg, M. D. Apr., 102
Testes, Undescended — William B. Kiesewetter, M. D. Aug., 235
Tovell, Ralph M., M. D., and Curtiss B. Hickcox, M. D.—The Anesthesiologist in the Medical-Surgical Team Feb., 41
Tracheo-Esophageal Fistula, Congenital Atresia of the Esophagus with—Charles Schnurer, M. D. Oct., 325
Tracheo-Esophageal Fistula, Traumatic—Haven M. Perkins, M. D., and Victor S. Skaff, M. D. Dec., 411
Traumatic Tracheo-Esophageal Fistula—Haven M. Perkins, M. D., and Victor S. Skaff, M. D. Dec., 411
Treatment of Otitis Media in Children, The—Henry C. Hays, M. D. Mar., 69
Trotter, John H., M. D.—Extra-Ocular Foreign Bodies Mar., 72
Troutman, Woodford B., M. D.—What's New in Hypertension and Coronary Heart Disease Oct., 332
Tuberculosis Control and the Private Physician—Walter E. Vest, M. D. June 174
Tuberculosis in the Adult Negro—Frank A. Carone, M. D., George A. Curry, M. D. and M. L. Hobbs, M. D. Dec., 415
Tuberculosis, Morphological Changes in — M. L. Hobbs, M. D. May 131
Tuberculous Meningitis—W. L. Cooke, M. D. Nov., 371
Tucker, Eldon B., M. D.—Is Anesthesiology the Practice of Medicine? Aug., 231

U

Undescended Testes — William B. Kiesewetter, M. D. Aug., 235
Urine Secretion, The Physiology of—David W. Northup, Ph. D. Dec., 417
Urologic Procedures, Antispastic Sedative Medication in—John F. McCuskey, M. D., and E. Burl Randolph, M. D. Nov., 379
Use and Abuse of Electrosurgery, The—Hu C. Myers, M. D. Feb., 49

V

Van Liere, Edward J., M. D., and David W. Northup, Ph. D.—The Electrocardiogram In Situs Inversus June 169
Van Liere, Edward J., M. D., and Gideon S. Dodds, Ph. D.—Licensure of Foreign-Trained Physicians in West Virginia Apr., 114
Van Liere, Edward J., M. D., and Gideon S. Dodds, Ph. D.—The Curriculum in Medical Technology at West Virginia University Sept., 305
Varicose Veins, Stripping of with a Double Stripper—Ray S. Greco, M. D., and R. E. Flood, M. D. June 167
Vest, Walter E., M. D.—Medico-Legal Relationships Viewed Through the Doctor's Goggles Oct., 336
Vest, Walter E., M. D.—The Medical Staff and Hospital Administration Apr., 109
Vest, Walter E., M. D.—Tuberculosis Control and the Private Physician June 174

W

What's New in Hypertension and Coronary Heart Disease—Woodford B. Troutman, M. D. Oct., 332
Williams, M. B., M. D.—The Hospital Medical Director Mar., 76
Williamson, Paul, M. D., and Anne LeCroy, Ph. D.—A New Method of Skin Closure Nov., 381

Help Fight TB

Buy Christmas Seals

THE WHEELING CLINIC

EOFF AT 16th STREET

WHEELING, WEST VIRGINIA

General Surgery:
J. O. Rankin, M. D.
C. D. Hershey, M. D.

Eye, Ear, Nose and Throat:
E. Lloyd Jones, M. D.
James K. Stewart, M. D.

Orthopedic Surgery:
C. B. Buffington, M. D.

Thoracic Surgery:
Daniel W. Dickinson, M. D.

Obstetrics and Gynecology:
Robert W. Leibold, M. D.
Robert T. Brandfass, M. D.

Urology:
Richard D. Gill, M. D.

Neurological Surgery:
James S. Rogers, M. D.

Internal Medicine:
William M. Sheppe, M. D.
Howard R. Sauder, M. D.
Charles H. Hiles, M. D.
D. A. MacGregor, M. D.
Albert M. Valentine, M. D.

Neurology and Psychiatry:
Albert L. Wanner, M. D.

Roentgenology:
William K. Kalbfleisch, M. D.

Clinical Laboratories:
Ann B. Charleton, M. T.

Technologists:
Physiotherapy:
Valda Rogerson, R. N.
Electroencephalography:
Gertrude Cornett, R. N.
Roentgenology:
Evelyn Forrester, R. N.

Business Administration:
John H. Clark, Manager
Lester L. Cline, Ass't. Bus. Mgr.

MONODRAL® WITH MEBARAL®

ANTICHOLINERGIC • SEDATIVE

in peptic ulcer management

- relieves pain promptly
- reduces tension safely
- tranquilizes without dulling
- well tolerated
- promotes healing
- maintains anacidity for hours
- controls hyperactivity of upper gastro-intestinal tract

MONODRAL with MEBARAL—the "psychovisceral stabilizer"—provides for patients with ulcer and gastro-intestinal spasm an effective barrier against the impact of environmental stimuli . . . controls gastric hypersecretion and hypermotility for three and one half to five hours.*

EACH TABLET CONTAINS:
MONODRAL bromide..... 5 mg.
MEBARAL.....32 mg.

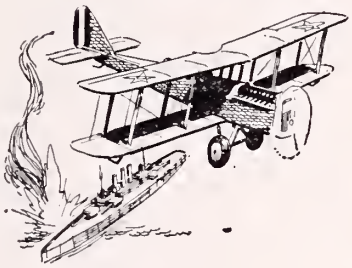
DOSAGE: 1 or 2 tablets three or four times daily.
Available on prescription only.
Bottles of 100 tablets.

Winthrop Laboratories New York 18, N. Y.

Monodral (brand of penthienate) and Mebaral (brand of mephobarbital), trademarks reg. U. S. Pat. Off.

*References and clinical trial supplies available on request.

Mr. Daniels was willing to be bombed



ADMIRALS smiled when, in 1921, he claimed air power could sink battleships. And Mr. Josephus Daniels, the Navy secretary, said he was "prepared to stand bareheaded on the deck of a battleship and let General Mitchell take a crack at me with bombing airplane."

But in an actual test, the most heavily armored dreadnaught ever built sank in minutes under the sledge-hammer blows of the world's first 1-ton bombs—bombs built to Billy Mitchell's order.

Mitchell was used to disbelief. In World War I, Pershing called his idea for dropping infantry by parachute absurd. "Experts" laughed when he talked of putting cannon in planes, scoffed when he predicted air speeds way in excess of 200 miles.

In his early fight for a strong air force, Mitchell saw very dark days. Yet he never lost faith in the American people, nor they in him. For they recognized his clear foresight and great fighting heart as part of the real American spirit.

It is this courageous spirit that makes America strong—so strong, in fact, that our country's Savings Bonds are regarded as one of the finest investments in the world.

Why not take advantage of that strength? Use United States Savings Bonds to guard your future, and your country's future. Invest in them regularly—and hold onto them.

It's actually easy to save money—when you buy United States Series E Savings Bonds through the automatic Payroll Savings Plan where you work! You just sign an application at your pay office; after that your saving is done for you. And the Bonds you receive will pay you interest at the rate of 3% per year, compounded semiannually, for as long as 19 years and 8 months if you wish! Sign up today! Or, if you're self-employed, invest in Bonds regularly where you bank. There's no surer place to put your money, for United States Savings Bonds are as safe as America!

Safe as America—
U.S. Savings Bonds

PUBLIC SERVICE ADVERTISING COUNCIL

The U.S. Government does not pay for this advertisement. It is donated by this publication in cooperation with the Advertising Council and the Magazine Publishers of America.

Sick patients

need food for therapy

Sustagen

Therapeutic Food for Complete Nourishment

THAT MAN MUST EAT to remain well is a concept as old as medicine. But only recently has it been established (1) that nutritional needs are increased in illness; (2) that food sufficient to meet these needs is well utilized, and (3) that therapeutic nutrition prevents many of the debilitating effects of disease and injury.

Unfortunately, because of the anorexia accompanying illness, effective nutritional therapy requires added care on the part of the physician. Food comes from familiar kitchens and lacks the impressive aura of more dramatic therapeutic agents. Thus it is often difficult to convince the patient that food, too, is therapeutic —that although drugs may arrest disease only food can repair the ravages of disease.

Whatever the nutritional problem—whether caused by anorexia, mechanical difficulty in eating or limitation of gastric capacity or tolerance—only an assured food intake will solve it. The use of Sustagen, a food formulated for therapeutic nourishment, will overcome many difficulties in the therapeutic feeding of sick patients. A foundation for therapy thus may be established.

The development of Sustagen exemplifies the continuous effort of Mead Johnson & Company to provide the medical profession with products basic to the management of illness and the restoration of health.

Sustagen® is the only single food which contains all known nutritional essentials: protein, carbohydrate, fat, vitamins and minerals. It may be given by mouth or tube as the only source of food or to fortify the diet in brief or prolonged illness.

Sustagen

repairs tissue
restores appetite
overcomes asthenia

in

cirrhosis
peptic ulcer
geriatrics
infections
trauma
chronic disease

MEAD SYMBOL OF SERVICE IN MEDICINE

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

ACKS

THE WEST VIRGINIA

Medical Journal

OFFICIAL ORGAN OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

Contents on Page IV — Index to Advertisers on Page LXX

VOL. 52, NO. 12 DECEMBER, 1956

Merry Christmas

COLLEGE OF PH
PHILADE

Infections of the respiratory tract respond readily to

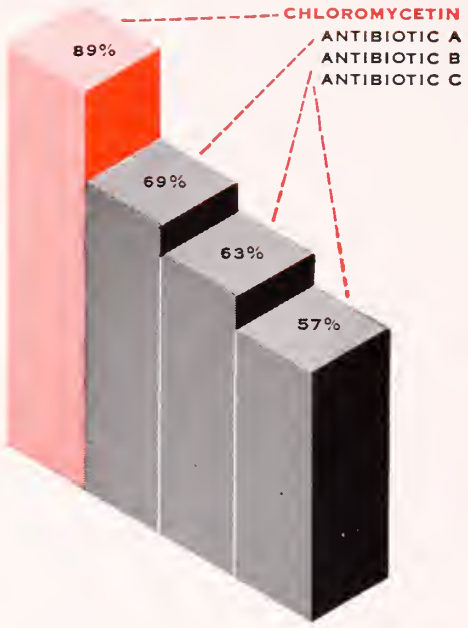
ILOTYCIN

(ERYTHROMYCIN, LILLY)

safe, well tolerated

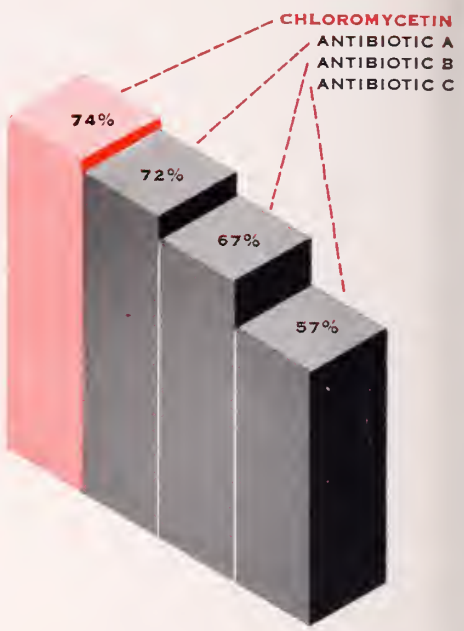
632101

SENSITIVITY OF COMMON PATHOGENS TO CHLOROMYCETIN AND THREE OTHER MAJOR ANTIBIOTIC AGEN



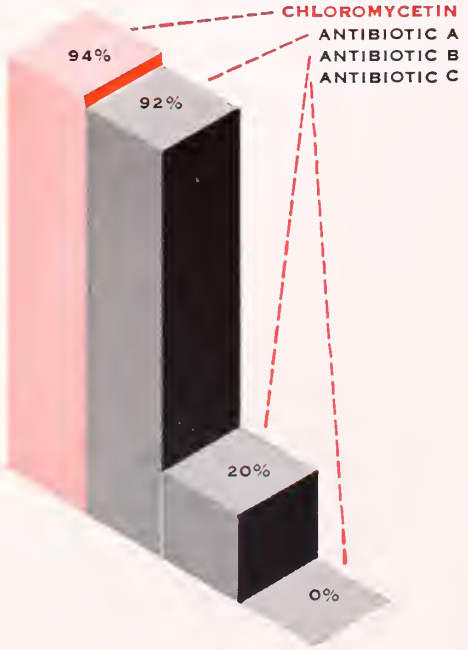
NONHEMOLYTIC MICROCOCCUS AUREUS

(363-418 STRAINS)



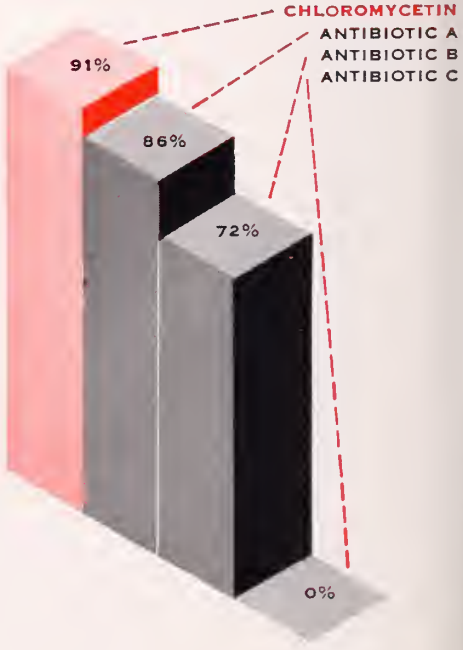
HEMOLYTIC MICROCOCCUS AUREUS

(729-776 STRAINS)



ESCHERICHIA COLI

(478-586 STRAINS)



AEROBACTER AEROGENES

(153-193 STRAINS)

new!

calmative

nostyn®

2-ethylcrotonylurea, AMES

the power of gentleness

for relief of daily tensions

- moderates anxiety and tension
- avoids depression, drowsiness, motor incoordination

different!

- NOSTYN is a new drug, a *calmative*
  —not a hypnotic-sedative
  —unrelated to any available chemopsychotherapeutic agent
- no evidence of cumulation or habituation
- does not cause diarrhea or gastric hyperacidity
- unusually wide margin of safety—no significant side effects

dosage: 150-300 mg. three or four times daily.

supplied: 300 mg. scored tablets, bottles of 48.

AMES COMPANY, INC • ELKHART, INDIANA

17656

clinically proved, before introduction, in over 12,000 patients

announcing

*Compazine**

a further advance in psychopharmacology

a true "tranquilizer" with specific action in psychic and psychosomatic conditions

indicated in mental and emotional disturbances — mild and moderate — encountered in everyday practice

available in 5 mg. tablets

minimal side effects

Few drugs have been so thoroughly studied before introduction or introduced with such a substantial background of clinical experience.

In the more than 12,000 cases treated with 'Compazine' here and abroad, and in experimental studies at very high dosage, no blood change or jaundice attributable to 'Compazine' was observed.

Smith, Kline & French Laboratories, Philadelphia 1

* Trademark for proclorperazine, S.K.F.

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

This Book is due on the last date stamped below. **No further preliminary notice will be sent.** Requests for renewals must be made on or before the date of expiration.

DUE	RETURNED
DEC 3 1 1957	
MAY 2 0 1959	
APR 8 1963	
DEC 8 1967	

A fine of twenty-five cents will be charged for each week or fraction of a week the book is retained without the Library's authorization.